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FY 1980 UPDATE OF THE
MONTANA COMPREHENSIVE PLAN
FOR
ALCOHOL AND DRUG ABUSE PREVENTION,
TREATMENT AND REHABILITATION

STATE DEPARTMENT OF HEALTH

1979

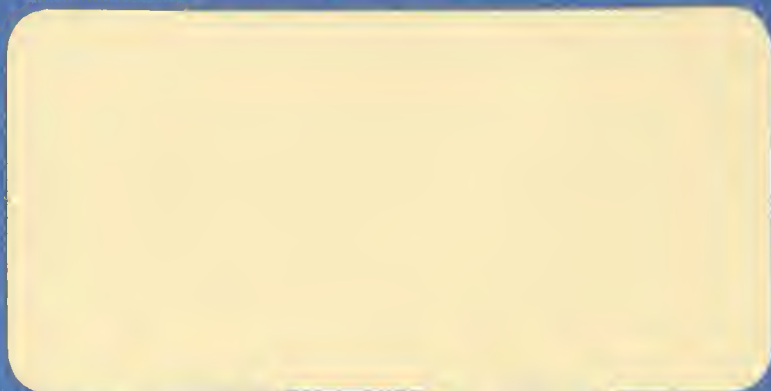
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FY 1980 UPDATE OF THE
MONTANA COMPREHENSIVE PLAN
FOR
ALCOHOL AND DRUG ABUSE PREVENTION,
TREATMENT AND REHABILITATION

Prepared by:
Alcohol and Drug Abuse Division
State Department of Institutions
Governor, Thomas L. Judge

Plan Period:
July 1, 1979 to June 30, 1980

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1.0 STATE AGENCY POLICY AND PLANNING PROCESS

1.1 INTRODUCTION

The Montana State Plan for alcohol and drug abuse prevention, treatment and rehabilitation is a public document that presents a coordinated comprehensive plan for the development and implementation of alcohol and drug abuse prevention, treatment and rehabilitation programs for the entire State of Montana.

It serves as a basis for the allocation of formula grant funds and provides the rationale and effective basis for the utilization of federal, state, and all other available resources in planning, establishing, maintaining, coordinating and evaluating prevention, treatment and rehabilitation projects and programs to deal with alcohol and drug abusers within the State.

The Department of Institutions, Alcohol and Drug Abuse Division, is required by Federal law to submit annual alcohol and drug plans and the Health Systems Agency (HSA) is charged with the development of long range alcohol and drug plans. The Alcohol and Drug Abuse Division coordinates its planning process with the HSA to ensure consistency with the long range Montana Health Systems Plan.

The State Plan is to be used as a guide for coordinated statewide efforts; it is not intended to be an unchanging document, but is designed as a workable tool for the use of all individuals, groups, and agencies working with alcohol and drug abuse in Montana.

1.2 PURPOSE

Under delegated authority from the Director, Department of Institutions, the Alcohol and Drug Abuse Division (ADAD) will:

1. Review, evaluate and coordinate all federal and state funding proposals relating to alcohol and drug abuse.
2. Develop and review annually a state plan for Alcohol and Drug Abuse with all programs reviewed in terms of regional plans and this State Plan.
3. All efforts and programs of the Division will encourage the development of coordinated community, regional and statewide programs with the broadest possible citizen involvement.

1.3 PROGRAM PHILOSOPHIES and POLICIES

The statewide philosophy for delivery of alcohol and drug abuse services must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area (147,138 sq. mi.) it ranks 41st among states in population (700,000), with approximately five persons per square mile. The ethnic distribution of the state is 95.5% white, with the remainder (4.5%) being predominantly American Indian (4.25%).

Responsibility for all functional activity carried out under the Montana State Plan for Alcohol and Drug Abuse rests with ADAD staff and the State Advisory Council on Alcohol and Drug Dependency. The State Advisory Council is composed of ten staff members appointed by the Director of the Department of Institutions and approved by the Governor. The Council meets at least quarterly to review and recommend policy, to evaluate project and program activities and to recommend priorities for action and expenditures. Annually, the Council reviews draft materials and approves the final version of the annual state plan.

The ADAD administers and coordinates the treatment and prevention of alcohol and drug abuse through regional and local programs. The ADAD provides technical assistance to programs to ensure that all projects are in compliance with state and federal guidelines and that goals and objectives are consistent with the state policies for alcohol and drug abuse services. Funding is dispersed according to priorities and needs as outlined in the annual state and regional plans.

The Montana Alcohol and Drug Abuse Division assures that adequate attention will be given to special emphasis programs including:

- Racial and ethnic minorities (primarily Native American)
- Women
- Youth
- Elderly

The Division also assures that provisions of Section 408 of the Drug Office Treatment Act of 1972 as amended by P.L. 93-282 (21 USC 1175) and Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 as amended by P.L. 93-282 (42 USC 4582) which provides that records of the identity, diagnosis, prognosis or treatment of any patient which are maintained in connection with the performance or delivery of alcohol and drug abuse services authorized or assisted under the Act or any Act amended thereby, shall be confidential and may be disclosed only under the circumstances expressly authorized under section 408 and 333. All agencies covered under this Act will familiarize themselves with this regulation.

During FY 1980 the Division will continue the development of third party payment systems.

The Alcohol and Drug Abuse Division will continue to operate in accord with the Department Affirmative Action Plan which prohibits discrimination, details hiring practices, training and advancement policy and aids in internal development.

The Division recognizes the need to continually improve coordination and cooperation among state social services agencies in support of alcohol and drug abuse activities. Many state agencies have responsibility for certain aspects of the total service delivery system. The Department of Institutions has the primary responsibility but other state departments have specific functions. Working relationships have been developed with the Department of Health and Environmental Sciences, Social and Rehabilitation Services, the Department of Community Affairs, the Department of Justice and the State Office of Public Instruction.

Coordination of all alcohol and drug abuse services is a long-term function that involves many of the state departments. This department intends to create every opportunity for meaningful involvement of other state departments having a role or function in the delivery of services to the alcohol or drug abuser throughout the state.

1.3.2 Planning and Coordination

Responsibility for the preparation of the annual Montana State Plan for Alcohol and Drug Abuse will continue to rest with the Alcohol and Drug Abuse Division. The Division will prepare an annual plan draft for review by the State Advisory Council, Montana Health Systems Agency, State Health Coordinating Council, and the general public; and will also guide the development of local planning capability.

Responsibility for management and coordination of funding applications is a function of the ADAD, with recommendations from the State Advisory Council on Alcohol and Drug Dependency.

1.3.3. Treatment and Rehabilitation

The Division has developed a service philosophy for alcohol and drug programs alike. This philosophy, while not complex, will provide an opportunity to measure the qualitative effectiveness of our services. Our mission will be to increase the frequency of client participation in socially acceptable, productive activity as an alternative to dysfunctional abuse of alcohol or other addictive drugs. To measure accomplishment of this mission, we have outlined three measurable treatment objectives:

1. To reduce the number of drop-outs from our treatment programs.
2. To increase the frequency of contact between clients and program services.
3. And finally, to develop less client dependence on alcohol, drugs and our programs by increasing client participation in training/education, employment and community activities.

Use of illegal drug compounds is not always considered abuse, but is considered to be a drug problem. The use of any chemical substance, legal or illegal, which creates health or behavioral problems resulting in operational impairment or dysfunction, i.e., abuse, is viewed as an alcohol or drug abuse problem.

The ADAD shall continue to provide support and technical assistance in upgrading established alcohol and drug abuse treatment and rehabilitation services statewide. The Division will continue to focus upon special emphasis groups: including:

- Ethnic minorities (primarily American Indians)
- Women
- Youth
- Elderly

1.3.4 Management Information Systems

The ADAD recognizes that accurate data is essential for efficient program management and evaluation.

The Alcohol and Drug Abuse Division will continue to collect and analyze statistical data from all state approved treatment facilities according to State law, Section 53-24-208, M.C.A. All state approved alcohol programs will report on the alcohol information system as a requirement of state approval.

The Division will also manage and maintain the Client Oriented Data Acquisition Process (CODAP), for all drug abuse treatment programs. All drug programs receiving federal funds, directly or indirectly, from the National Institute on Drug Abuse are required to submit statistical reports utilizing the CODAP system.

The state office will develop data output reports for state and local program management.

1.3.5 Research and Evaluation

Evaluation and monitoring of alcohol and drug programs centers around the common program review process developed by the ADAD, in coordination with the Mental Health and Residential Services Division, for the review of alcohol and drug abuse treatment programs and community based mental health centers. All criteria and procedures have been published in the Evaluation Handbook for Alcoholism Treatment, Drug Abuse and Community Based Mental Health Programs and distributed to all community programs.

Comprehensive on-site program reviews of alcohol and drug abuse programs are conducted on an annual basis as well as prior to issuance of a "state approval" certificate to alcoholism programs. The purpose of the program review process, as outlined in the handbook includes the following objectives:

- To improve program performance and client service levels
- To help ensure statewide compliance with federal and state standards
- To help achieve efficiency and economy in program operations
- To assist in determination of program funding levels and approval of contracts
- To determine areas of needed technical assistance and training
- To gather data for development of additional standards for program performance.

1.3.6 Prevention, Intervention, Education and Public Information

The ADAD perceives many prevention functions within the realm of other state agencies, including the Department of Education, Office of the State Superintendent of Public Instruction, Department of Justice, Department of Social Rehabilitative Services, Department of Health, Department of Community Affairs, Department of Labor and Industry, etc. A specific function of the ADAD is to facilitate cooperation between interagency alcohol and drug abuse prevention projects.

Prevention - Alcohol and drug abuse prevention is a constructive process based upon the concept that by implementing a variety of effective learning processes and alternative activities, personal and social growth of the individual toward full human potential can be promoted and physical, mental, emotional or social impairment resulting from abuse of chemical substances can be inhibited or reduced. Prevention also deals with the promotion of alternative aspects of the environment which minimize alcohol and drug abuse. Prevention efforts include education, information, alternatives and intervention.

The ADAD will develop alcohol and drug abuse education which will be made available to the public, through acceptable curricula and will develop education methods for use in public media.

Technical assistance and support will be given by the ADAD to existing alcohol and drug abuse prevention and intervention resources.

1.3.7 Training and Certification

The Montana Alcohol and Drug Abuse Division is mandated by State law, Section 53-24-204, M.C.A., to "certify and establish standards for the certification of alcoholism and drug dependence counselors." The Division has developed proposed certification standards which will be finalized during FY 80. It is anticipated that the counselor certification system will be ready for implementation in FY 81, at which time the Alcohol and Drug Abuse Division will begin to certify alcoholism and drug counselors according to established requirements regarding counselor education, training and experience.

Although the Division does not, at this time, certify counselors, training events are presently structured to meet proposed certification requirements.

1.3.8 Criminal Justice Interface

Active cooperation between the Alcohol and Drug Abuse Division and the Montana Board of Crime Control (MBCC) is viewed as essential to both agencies for effective planning and development of alcohol and drug abuse treatment services. A formalized agreement exists between the ADAD and the Board of Crime Control, and the State Law Enforcement Assistance Act (LEAA) agency. The ADAD also provides relevant training opportunities for criminal justice personnel who work with substance abusers.

1.4 Planning Process

To facilitate planning and delivery of services the Alcohol and Drug Abuse Division uses the five planning regions designated by the Governor. (see map - Exhibit 1).

Regional planning is utilized to insure that community input is included in the State Plan. The planning process begins as early in the fiscal year as practical. Regional planners, contracted by the ADAD to provide uniform planning input identify regional needs and priorities and develop action strategies based upon available statistical data, interviews with alcohol and drug program directors, problems and needs perceived by community social service agencies, school personnel, law enforcement personnel, and county/city officials. Public hearings are held in each region prior to final acceptance of regional priorities. (See Exhibit 2 Planning and Funding Charts).

To identify the unique concerns and needs of Montana's Native American population, the regional planning process provides input from Native Americans residing on reservations and in urban areas and this information is incorporated into the regional plans.

Statewide priorities are recommended by the State Advisory Council based on regional priorities, ADAD staff recommendations, and funding availability.

MONTANA

Counties and Cities shown on the map:

- Lincoln:** LIBBY
- Glacier:** CUTBANK
- Toole:** SHELBY
- Pondera:** CONRAD
- Flathead:** MALISPELL
- Sanders:** LAKE POLSON
- Thompson Falls:** THOMPSON FALLS
- Superior:** SUPERIOR
- Mineral:** MINERAL
- Missoula:** MISSOULA
- Owens:** OWENS
- Granite:** PHILIPSBURG
- Hamilton:** HAMILTON
- Ravalli:** RAVALLI
- Deer Lodge:** DEER LODGE
- Butte:** BUTTE
- Silver Bow:** SILVER BOW
- Beaverhead:** BEAVERHEAD
- Dillon:** DILLON
- Madison:** MADISON
- Jefferson:** JEFFERSON
- Boulder:** BOULDER
- Helena:** HELENA
- Townsend:** TOWNSEND
- Brookwater:** BROOKWATER
- Meagher:** MEAGHER
- White Sulphur Springs:** WHITE SULPHUR SPRINGS
- Marlowton:** MARLOWTON
- Wheatland:** WHEATLAND
- Stanford:** STANFORD
- Judith:** JUDITH
- Basin:** BASIN
- Lewis and Clark:** LEWIS AND CLARK
- Great Falls:** GREAT FALLS
- Cascade:** CASCADE
- Chouteau:** CHOUTEAU
- Fort Benton:** FORT BENTON
- Mill:** MILL
- Navre:** NAVRE
- Liberty:** LIBERTY
- Chester:** CHESTER
- Chinook:** CHINOOK
- Blaine:** BLAINE
- Phillips:** PHILLIPS
- Malta:** MALTA
- Valley:** VALLEY
- Glasgow:** GLASGOW
- Roosevelt:** ROOSEVELT
- Wolf Point:** WOLF POINT
- Daniels:** DANIELS
- Plentywood:** PLENTYWOOD
- Richland:** RICHLAND
- Sidney:** SIDNEY
- McCone:** MCCONE
- Circle:** CIRCLE
- Dawson:** DAWSON
- Blendive:** BLENDIVE
- Prairie:** PRAIRIE
- Terry:** TERRY
- Wibaux:** WIBAUX
- Miles City:** MILES CITY
- Fallon:** FALLON
- Baker:** BAKER
- Exalaka:** EXALAKA
- Carter:** CARTER
- Powder River:** POWDER RIVER
- Brooks:** BROOKS
- Custer:** CUSTER
- Forst:** FORST
- Mysham:** MYSHAM
- Reasure:** REASURE
- Rosebud:** ROSEBUD
- Hardin:** HARDIN
- Big Horn:** BIG HORN
- Yellowstone:** YELLOWSTONE
- Billings:** BILLINGS
- Stillwater:** STILLWATER
- Columbus:** COLUMBUS
- Carbon:** CARBON
- Red Lodge:** RED LODGE
- Park:** PARK
- Livingston:** LIVINGSTON
- Callatin:** CALLATIN
- Bozeman:** BOZEMAN
- Virginia City:** VIRGINIA CITY

Regions labeled on the map:

- 1
- 2
- 3

Exhibit 1 - M
Divided into
D

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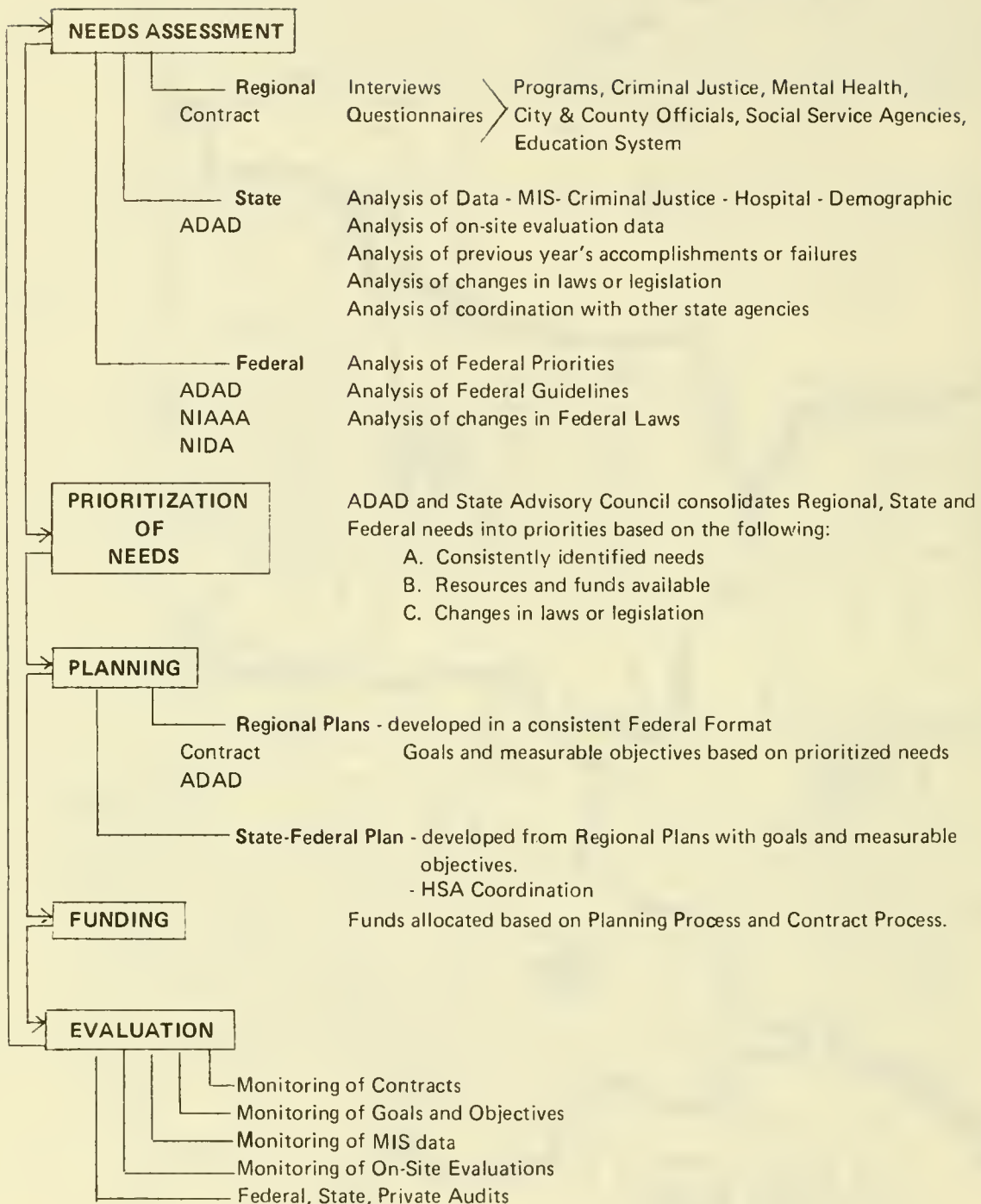


Exhibit 2
Planning and Funding
Chart

Each section within the Division drafts proposed goals, objectives and action steps for the next fiscal year in response to regional and state needs and priorities. The ADAD work plan for the ensuing year is reviewed by the State Advisory Council for recommendations and is then included in the annual state plan.

As of July 1, 1979, local planning will become the responsibility of individual county governments, as provided for in HB 844 which was passed by the legislature in April 1979. To implement this new section of the law it will be necessary for the Division to establish standardized criteria which counties can use to develop their plans. Because the Division will receive alcohol and drug plans from all Montana's counties the regional planning process will no longer be utilized.

1.5 Submission, Review, and Approval of the State Plan

The State Plan is reviewed and updated as necessary, at least annually. The Plan will be modified during the year if such modification is deemed necessary, and also as new or revised data or information is available. Any revisions or updating will be subject to the same review procedure as the plan itself.

The procedure to be followed in the submission and review of the plan will be as follows: as soon as possible following submission of the plan for a fiscal year, staff revision and updating of the document will begin. The plan for each fiscal year will be developed and prepared for review by the Advisory Council as early in the fiscal year as is practical.

Following council review and comments, the plan will be available for review by the Montana Health Systems Agency, State Health Coordinating Council and the general public. Availability for public review will be announced through a description of the plan and a notice of its availability, published in statewide newspapers thirty (30) days prior to submission for approval.

Copies of the plan will be submitted to the Office of the Governor, A-95 clearinghouse for review and comments relative to the relationship of this plan or any modifications of the plan to other state plans and programs and the ADAD will provide the Department of Health, Education and Welfare with their comments.

Forty-five days will be allotted for such review, and any comments or statements will be submitted with the plan.

2.0 NEEDS ASSESSMENT

2.1 Introduction

Drug Data

To measure or project the usage and occurrence of drug abuse is difficult because use of drugs is generally a hidden activity. Further, because Montana is a rural state with few drug programs in limited areas of the state, no major opiate abuse problem, and a serious polydrug problem, utilization of generally accepted drug abuse indicators are not appropriate for estimating the prevalence of drug usage in this state. Montana has had to rely on limited amounts and sources of data to measure and project drug abuse problems.

Treatment data gathered from existing programs on NIDA's Client Oriented Data Acquisition Process (CODAP) is used to determine demographic and socio-economic information, usage trends, utilization rates, treatment outcome and for the identification of high risk populations.

Demographic data provides information on treatment population characteristics and gives the Division a perspective from which to compare other drug abuse indicators. The Division also relies on crime and arrest data as an indicator of drug related problems.

Information collected from the Montana Youth Substance Abuse Committee, the Child and Youth Development Bureau, and the Montana Board of Crime Control also gives an indication of drug usage and attitudes of Montana's youth.

None of the indicators available to ADAD, taken by itself, will provide an accurate picture of Montana's drug abuse problem; however, when analyzed together, such indicators present reliable patterns and profiles of the types of drugs abused within the state.

Alcohol Data

The ADAD collects individual client treatment data utilizing the state-wide computerized alcohol information system (AIS) on all clients admitted to state approved treatment programs at admission and discharge. All AIS data used in this plan is derived from reports submitted by community alcohol programs.

As with drug information, the Division uses statistics obtained from the Montana Highway Patrol, Crime Control, hospitals and other sources as indicators of alcohol related problems.

2.2 Discussion of Alcohol Data

According to the February 1979 "National Status Report" published by NIAAA, Montana ranks third in the nation in per capita consumption of beer and eleventh in overall per capita consumption of alcoholic beverages. Also, Montana has seven Indian Reservations that constitute 4.2% of the state's total population. Although Native Americans comprise only 4.2% of the state's population they account for 26% of admissions to alcohol treatment programs. A report prepared for the Division by the Montana United Indian Association estimated that 70% of the Indians in Montana are in need of alcoholism treatment services.

Although the National Institute on Alcoholism and Alcohol Abuse (NIAAA) estimates that 7% of the adult population are alcoholics or alcohol abusers, the Alcohol and Drug Abuse Division uses a planning figure of 8.5% for the non-Indian population to estimate the number of alcoholics and alcohol abusers within the state. All the indications of alcohol related accidents, and other indicators in Montana are showing increases; for example, the per capita consumption rate continues to show an annual increase. As a result, the percentage of alcoholics in Montana would be substantially higher than the 7% figure used by NIAAA. (See Table 1 for estimated alcohol abusers by Region).

Alcohol Client Admission Characteristics

Primary Alcohol Clients

Table 2A indicates that seventy-eight percent (78%) of all persons admitted with a primary problem of alcohol are men. Although the number of women reached increased two percent (2%) from last year, it is apparent that they remain an underserved population, comprising only twenty-two percent (22%) of all treatment admissions.

Although Native Americans comprise only 4.2% of the state's population, they account for over one fourth (26%) of statewide alcoholism programs' treatment population.

The majority of persons admitted for treatment are between thirty-one and forty-four years of age (32% of total treatment population). Persons seem to be seeking treatment at younger ages, the fiscal year 1979 State Plan listed the majority of admissions as being between the ages of forty-five and sixty-four or 33% of total treatment population as compared to 31% this year.

Admission information regarding marital status indicates that most persons admitted for treatment are divorced, legally separated or single (67%).

The information also shows that seventy percent (70%) of persons admitted for treatment are not employed. Only twenty-six percent (26%) had full-time employment at the time of admission. The average monthly income for all clients was less than three hundred dollars (\$300) per month.

TABLE 1.
ESTIMATED ALCOHOL ABUSERS BY REGION

REGION	TOTAL POPULATION	POPULATION (Non-Indian)	ESTIMATED ABUSERS (Non-Indian)	POPULATION Indian	ESTIMATED ABUSERS Indian
Eastern	95,000	85,158	7,238 (8.5%)	9,842	6,889 (70%)
North Central	148,500	138,000	11,730 (8.5%)	10,500	7,350 (70%)
South Central	147,900	138,359	11,761 (8.5%)	9,541	6,679 (70%)
Southwestern	182,700	181,166	15,399 (8.5%)	1,534	1,074 (70%)
Northwestern	173,800	167,633	14,266 (8.5%)	5,967	4,177 (70%)
TOTAL	747,900	710,516	60,394	37,384	26,169

TOTAL ESTIMATED ABUSERS 86,563

Based on 1975 Montana Vital Statistics, State Department of Health & Environmental Sciences 1970 U.S. Census, Special Tribal Rolls Compilation, Urban Indian Alliances Poll

ALCOHOL ADMISSION CHARACTERISTICS

(October 1977 - September 1978)

Client Characteristics	Region I	Region II	Region III	Region IV*	Region V	State	Percent
Total Admissions	786	744	845	1,922	793	5,090	(100%)
SEX							
Male	578	603	640	1,548	599	3,698	(78)
Female	208	141	205	374	194	1,122	(22)
RACE							
White	499	377	678	1,560	541	2,655	(72)
Black	0	1	1	6	1	9	(0)
Native American	280	364	147	334	243	1,368	(26)
Hispanic-Mexican	4	2	15	17	3	41	(1)
Other	3	0	4	5	5	17	(1)
AGE							
0 - 17	20	7	20	42	53	142	(3)
18 - 20	52	45	42	100	78	317	(6)
21 - 25	122	68	87	185	124	586	(12)
26 - 30	116	67	110	212	122	627	(12)
31 - 44	248	261	309	586	232	1,636	(32)
45 - 64	215	266	240	695	157	1,573	(31)
65 +	13	30	37	102	27	209	(4)
EDUCATION							
0 - 8	174	170	120	380	129	973	(19)
9 - 12	478	471	507	1,198	510	3,164	(62)
13 - 16	118	92	197	305	136	848	(17)
17 +	14	10	16	39	18	97	(2)
Unknown	2	1	5	0	0	8	(0)
MARITAL							
Never Married	215	196	185	476	277	1,349	(26)
Married	289	209	344	604	246	1,692	(33)
Separated	57	64	62	133	52	368	(7)
Divorced	189	215	212	588	199	1,403	(28)
Widowed	36	60	42	121	19	278	(6)
EMPLOYED							
Full Time	227	118	287	487	212	1,331	(26)
Part Time	27	36	35	51	56	205	(4)
Unemployed	532	590	523	1,384	525	3,554	(70)
AVG. MONTHLY INCOME							
0 - 300	553	596	524	1,433	568	3,674	(72)
301 - 600	92	58	113	171	109	543	(11)
601 - 1000	79	56	117	194	61	507	(10)
1001 +	62	34	71	124	53	344	(6)
Unknown	0		20		2	22	(1)

* Includes Galen

DWI Court School Clients

Montana treatment programs admitted 1,261 persons to DWI court schools between October 1977 and September 1978 (See Table 2B).

Data supports that court schools are a source of early intervention for alcohol abusers. Attendance at these schools can lead to recognition, by some of the attendees, of disruptive effects of drinking in their lives.

As displayed in table 2B , individuals admitted to Montana Court Schools tend to be young, employed, white males. Fifty-two percent (52%) of court school clients are under thirty compared with thirty-nine percent (39%) of primary alcohol clients being under thirty.

A big difference in employment status is noted as seventy-three percent (73%) of all DWI clients are employed whereas seventy percent (70%) of persons admitted to treatment programs are not employed. Income of court school clients is much higher than that listed for primary alcohol clients. Sixty-four percent (64%) of court school clients have an average monthly income of more than three hundred dollars (\$300) per month whereas only twenty-seven percent (27%) of primary alcohol clients report an income of over \$300.

Comparison of marital status information shows fewer DWI clients in the disruptive categories of "separated," "divorced," and "widowed." This reflects the younger age of DWI students, who have had, as a group, fewer years of marital experience and less time for development of serious problems common among families of alcoholics.

The data suggests Montana Court Schools are an important intervention resource as they force younger persons to confront problems directly associated with alcohol abuse. This occurs in many instances before a person would consider voluntarily seeking information or treatment for drinking related problems.

Family Members

Nearly all family members admitted as clients of alcohol programs are women (81%). The age of family member admissions corresponds with the age of primary alcohol admissions with the largest grouping (32%) falling into the age category of thirty-one to forty-four. It is significant to note that fifteen percent (15%) of family member admissions are under the age of seventeen. This information suggests that treatment programs are impacting children of alcoholics. Several alcohol programs in Montana stress services to family members and all programs are allowed to admit family members as clients. (See Table 2C)

DWI ADMISSIONS
(October 1977 - September 1978)

Client Characteristics	Region I	Region II	Region III	Region IV	Region V	State	Percent
Total Admission	82	134	400	182	463	1,261	(100%)
SEX							
Male	73	115	359	161	400	1,108	(88)
Female	9	19	41	21	63	153	(12)
RACE							
White	77	109	350	177	427	1,140	(90)
Black	2	1	0	0	1	4	(1)
Native American	3	22	23	4	30	82	(6)
Hispanic-Mexican	0	2	24	1	1	28	(2)
Other	0	0	3	0	4	7	(1)
AGE							
0 - 17	4	1	9	3	9	26	(2)
18 - 20	17	18	51	39	65	190	(15)
21 - 25	13	28	84	38	97	260	(21)
26 - 30	12	9	68	20	71	180	(14)
31 - 44	18	42	98	42	132	332	(26)
45 - 65	17	35	83	34	75	244	(20)
65 +	1	1	7	6	14	29	(2)
EDUCATION							
0 - 8	10	13	41	17	42	123	(10)
9 - 12	47	96	249	119	301	812	(64)
13 - 16	24	25	103	38	104	294	(23)
17 +	1	0	3	8	16	28	(2)
Unknown			4			4	(1)
MARITAL							
Never Married	44	46	157	79	174	500	(40)
Married	25	52	138	62	173	450	(36)
Separated	2	7	12	4	19	44	(3)
Divorced	10	26	84	34	85	239	(19)
Widowed	1	3	9	3	12	28	(2)
EMPLOYMENT							
Full Time	64	88	254	113	285	804	(64)
Part Time	10	10	30	17	44	111	(9)
Unemployed	8	36	116	52	134	346	(27)
AVG. MONTHLY INCOME							
0 - 300	18	50	138	69	171	446	(35)
301 - 600	20	25	64	34	103	246	(20)
601 - 1000	23	44	97	51	95	310	(25)
1001 +	21	15	77	28	94	235	(19)
Unknown			24			24	(1)

FAMILY MEMBER ADMISSION CHARACTERISTICS

(October 1977 - September 1978)

Client Characteristics	Region I	Region II	Region III	Region IV	Region V	State	Percent
Total Admissions	289	20	420	200	188	1,117	(100%)
SEX							
Male	67	2	70	31	39	209	(19)
Female	222	18	350	169	149	908	(81)
RACE							
White	249	19	406	177	173	1,024	(91)
Black	0	0	0	0	0	0	(0)
Native American	31	1	9	21	14	76	(7)
Mexican	5	0	4	1	1	11	(1)
Other	7	0	1	1	0	9	(1)
AGE							
0 - 17	43	1	67	12	50	173	(15)
18 - 20	16	1	23	9	22	71	(6)
21 - 25	37	3	45	20	15	120	(11)
26 - 30	42	2	55	27	17	143	(13)
31 - 44	68	8	146	72	60	354	(32)
45 - 64	72	5	71	52	23	223	(20)
65 +	11	0	13	8	1	33	(3)
EDUCATION							
0 - 8	49	4	56	26	20	155	(14)
9 - 12	170	9	229	122	133	633	(59)
13 - 16	63	7	126	46	34	276	(25)
17 +	7	0	9	6	1	23	(2)
MARITAL							
Never Married	64	1	99	28	69	261	(24)
Married	193	13	249	138	103	696	(62)
Separated	8	2	31	3	3	47	(4)
Divorced	11	4	35	26	12	88	(8)
Widowed	13		6	5	1	25	(2)
EMPLOYMENT							
Full Time	105	7	164	84	50	410	(37)
Part Time	23	1	50	27	13	114	(10)
Unemployed	161	12	206	89	125	593	(53)
AVG. MONTHLY INCOME							
0 - 300	199	16	270	149	142	776	(70)
301 - 600	37	2	69	30	23	161	(14)
601 - 1000	33	2	39	19	17	110	(10)
1001 +	19	0	22	2	6	49	(4)
Unknown	1	0	20			21	(2)

Source of Referral

The largest referral source, as displayed in Table 3, results from program outreach efforts as indicated by the number of self referrals. The court system is also an important referral source and accounts for twelve percent (12%) of all referrals to alcohol programs. Equally as important is the referral network between existing alcohol treatment programs throughout the state which also represents twelve percent (12%) of the total referrals. It is reported that a significant number of referrals are made by AA (8%).

Admissions to Alcohol Treatment Programs by County of Residence

Table 4 has been included in the State Plan because all counties in Montana receive alcohol tax monies earmarked for the purpose of alcohol treatment.

The table shows the number of persons admitted to statewide alcohol treatment programs from each county. Yellowstone County, Montana's most populated county, has the highest admission rate, followed by Silver Bow County and Glacier County.

Reason for Discharge

Table 5 indicates that forty-three percent (43%) of all clients admitted to alcohol programs complete treatment; and only forty-one percent (41%) leave the program before treatment is completed.

Highway Patrol Data

The 1977 Annual Report prepared by the Montana Highway Patrol indicates that 51% of the drivers killed in Montana had been drinking prior to the accident. Also 23% of passengers killed had been drinking and 31% of pedestrians killed had been drinking. Statistics pertaining to alcohol related driving fatalities are shown in Table 6.

2.3 Discussion of Drug Data

Client Characteristics and Drug Use Patterns

The majority of admissions (29%) to Montana's drug treatment programs are for problems resulting from the abuse of amphetamines. (See Table 7A).

STATEWIDE ALCOHOL ADMISSIONS

Source of Referral at Admission
(October 1977 - September 1978)

<u>Source</u>	<u>Regions</u>					<u>State</u>	<u>(Percent)</u>
	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>		
Self	174	211	200	572	192	1349	(26)
Hospital	26	48	53	105	17	249	(5)
Community Mental Hlth Ctr.	14	7	7	30	11	69	(1)
Private MD	19	26	74	65	30	214	(4)
Public Health Service	10	0	1	6	4	21	(1)
Own Program	13	13	6	29	28	89	(2)
AA, Al-Anon, Alateen	13	23	49	295	22	402	(8)
Other Alcohol Program	255	42	46	191	72	606	(12)
Social Services	19	32	20	33	33	137	(2)
Courts	84	205	63	154	95	601	(12)
Police, Parole, Probation	43	12	118	87	108	368	(7)
Attorney, Legal Aid	6	7	11	24	18	66	(1)
Employer	12	5	9	26	13	65	(1)
Church	4	6	7	2	6	25	(1)
School	3	1	1	3	14	22	(1)
Spouse, Family Member	58	48	103	132	60	401	(8)
Friends	19	41	55	104	39	258	(5)
TV, Newspapers, Ads	2	0	11	32	20	65	(1)
Other	9	9	9	26	9	62	(1)
Unknown	<u>3</u>	<u>8</u>	<u>2</u>	<u>6</u>	<u>2</u>	<u>21</u>	<u>(1)</u>
TOTAL ADMISSIONS	786	744	845	1922	793	5090	(100%)

ADMISSIONS TO ALCOHOL TREATMENT PROGRAMS
BY COUNTY OF RESIDENCE
(October 1977 - September 1978)

<u>County</u>	<u>Population*</u>	<u># Of Persons Admitted To State Alcohol Treatment Programs</u>
Beaverhead	8,187	88
Big Horn	10,057	120
Blaine	6,727	85
Broadwater	2,526	19
Carbon	7,080	32
Carter	1,956	3
Cascade	81,804	251
Choteau	6,473	18
Custer	12,174	97
Daniels	3,083	26
Dawson	11,269	97
Deer Lodge	15,652	136
Fallon	4,050	11
Fergus	12,611	108
Flathead	39,460	248
Gallatin	32,505	94
Garfield	1,796	8
Glacier	10,783	284
Golden Valley	931	5
Granite	2,737	9
Hill	17,358	89
Jefferson	5,238	27

<u>County</u>	<u>Population*</u>	<u># Of Persons Admitted To State Alcohol Treatment Programs</u>
Judith Basin	2,667	7
Lake	14,445	174
Lewis & Clark	33,281	254
Liberty	2,359	4
Lincoln	18,063	163
Madison	5,014	16
McCone	2,875	15
Meagher	2,122	8
Mineral	2,958	11
Missoula	58,263	275
Musselshell	3,734	34
Park	11,197	106
Petroleum	675	3
Phillips	5,386	40
Pondera	6,611	42
Powder River	2,862	8
Powell	6,660	55
Prairie	1,752	2
Ravalli	14,409	69
Richland	9,387	65
Roosevelt	10,365	132
Rosebud	6,032	252
Sanders	7,093	60
Sheridan	5,779	30

Table 4 (continued)

<u>County</u>	<u>Population*</u>	<u># Of Persons Admitted To State Alcohol Treatment Programs</u>
Silver Bow	41,981	399
Stillwater	4,632	14
Sweet Grass	2,980	12
Teton	6,116	41
Toole	5,839	50
Treasure	1,069	0
Valley	11,471	78
Wheatland	2,529	21
Wibaux	1,465	4
Yellowstone	<u>87,367</u>	612
Out-Of-State		<u>179</u>
TOTALS:	694,409	5090

*Source: U.S. Department of Commerce, Bureau of the Census,
"1970 Census of Population, Montana."

REASON FOR DISCHARGE
Alcohol Clients & Family Clients
(October 1977 - September 1978)

<u>Reason for Discharge</u>	<u>Alcohol Clients</u>	<u>Family Clients</u>	<u>Total</u>	<u>Percent</u>
1. Left Before Treatment Completed	1897	366	2263	(41)
2. Inaccessible, Moved	413	51	464	(8)
3. Deceased	22	0	22	(1)
4. Treatment Completed	1969	453	2422	(43)
5. Program Can't Provide Required Services	<u>377</u>	<u>23</u>	<u>400</u>	<u>(7)</u>
TOTAL DISCHARGED	4678	893	5571	(100)



FATALITIES AND DRINKING

1977

MONTANA

	<u>DRIVERS</u>		<u>PASSENGERS</u>		<u>PEDESTRIANS</u>		<u>BICYCLISTS</u>		<u>TOTAL</u>	
<u>Month</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>
Jan.	7	1	5	1	0	0	0	0	12	2
Feb.	8	3	7	0	2	0	0	0	17	3
Mar.	16	10	12	5	0	0	0	0	28	15
Apr.	12	7	5	1	2	0	0	0	19	8
May	12	6	7	1	0	0	1	0	20	7
June	16	5	9	0	1	0	1	0	28	5
July	21	15	20	9	5	2	2	0	48	26
Aug.	23	6	15	4	6	1	0	0	44	11
Sept.	11	8	8	1	0	0	0	0	18	9
Oct.	25	15	11	0	4	3	1	0	41	18
Nov.	9	7	5	2	4	0	0	0	18	9
Dec.	15	7	10	2	2	2	0	0	27	11
Total	175	90	114	26	26	8	5	0	320	124

HBD - had been drinking (.05% blood alcohol or more)

51% of drivers killed had been drinking
 23% of passengers killed had been drinking
 31% of pedestrians killed had been drinking
 39% of all persons killed had been drinking

Tables 7B & 7C indicate that women also report amphetamines as their major drug problem, (33% of all admissions) however, barbiturates and tranquilizers are reported problems for women more frequently than they are reported by men. Of all women admitted in 1978, nineteen percent (19% of the women indicated a primary problem of barbiturates and tranquilizers whereas only eleven percent (11%) of the men indicated a problem with those drugs. Table 8 shows 1978 CODAP data from Montana by quarter with an average for the entire year. Although in 1977 Montana maintained a one-third female to two-third male client ratio the number of women in treatment has decreased to one-fourth of the total treatment population in 1978. It is apparent that more extensive outreach activities need to be aimed at women.

Table 7A also indicates that Native Americans make up approximately eleven percent (11%) of the total drug treatment population. Amphetamines are also the primary drug of abuse among Native Americans (31% of all admissions) followed by marijuana (18%) and alcohol at 15%. There is a higher incidence of solvent abuse reported by Native Americans (13%) as compared with approximately five percent (5%) of other admissions. Solvent abuse was recognized as a growing problem among Montana's youth, low income and Native American populations. Solvents are inexpensive and are often used by these populations when more expensive drugs are not available or affordable.

Table 7D, which indicates primary drugs of abuse by age, also depicts a high incidence of reported amphetamine and alcohol abuse among Montana's youth. It is noted that nearly 31% of admissions to drug treatment centers in 1978 were persons under the age of seventeen as compared to 25% in 1977. Over half (54%) of the client treatment population was under the age of twenty.

Fifty-six percent (56%) of clients entering treatment programs have not completed twelve years of school. The large number of persons under the age of seventeen (31%) account, in part, for the low education. However, because it is apparent that the educational level of drug clients is relatively low, treatment programs continue to focus on skill development and educational programs. As part of the treatment plan for drug clients, counselors assist the client in exploring further vocational and educational opportunities.

Discharge Data

Table 9 depicts reasons for discharge by primary drug type for 1978. Over one-fourth (29%) of all clients admitted to Montana drug treatment programs complete treatment with no drug usage. An additional seven percent (7%) complete the treatment program with some drug use.

Multiple Drug Use Patterns

As indicated in Tables 10A-10B, Montana has a substantial polydrug abuse problem. Of a total of 619 admissions in 1978, 86% indicated a secondary drug problem and 58% indicated a third drug problem. Alcohol remains a major drug of abuse in multi-drug problems and is most frequently used with amphetamines and marijuana.

TYPE OF PRIMARY DRUG USED BY ALL ADMISSIONS
TO STATEWIDE DRUG PROGRAMS
(1978 CODAP DATA)

Table 7A

PRIMARY DRUG	STATEWIDE N	STATEWIDE %	SMDP Helena	SMDP Butte	SMDP Anaconda	SMDP Missoula	SMDP Bozeman	Lighthouse Galen	Rimrock Billings	Swan River	Pine Hills Miles City	Montana State Prison
None	1	.2	0	0	0	0	0	0	0	1	0	0
Opiates	64	10.3	4	17	7	13	2	4	9	0	0	8
Alcohol	71	11.5	0	0	0	0	0	0	0	25	38	8
Barbiturates	46	7.4	8	12	4	7	6	3	4	0	1	1
Amphetamines	181	29.2	17	45	10	26	27	20	22	5	0	9
Cocaine	26	4.2	2	3	1	5	2	7	2	0	0	4
Marijuana	102	16.5	21	12	12	14	22	2	12	3	3	1
Hallucinogens	58	9.4	8	6	8	9	11	3	4	3	1	5
Inhalents	29	4.7	4	9	2	3	1	1	6	0	2	1
Over the Counter	3	.5	0	1	2	0	0	0	0	0	0	0
Tranquilizers	37	6.0	3	15	2	4	4	0	9	0	0	0
Other	1	.2	0	0	0	1	0	0	0	0	0	0
TOTAL	619		67	120	48	82	75	40	68	37	45	37
% of TOTAL		(100%)	(10.8%)	(19.3%)	(7.8%)	(13.2%)	(12.1%)	(6.5%)	(11.0%)	(6.0%)	(7.3%)	(6.0%)

TYPE OF PRIMARY DRUGS USED AT ADMISSION
BY SEX AND RACE
(1978 CODAP DATA)

Table 7B

PRIMARY DRUG	TOTAL		MALE	FEMALE	WHITE	BLACK	AMERICAN INDIAN	HISPANIC MEXICAN	OTHER
	N	%							
None	1	.2	1	0	1	0	0	0	0
Opiates	64	10.3	40	24	61	2	1	0	0
Alcohol	71	11.5	71	0	61	0	10	0	0
Barbiturates	46	6.4	28	18	38	2	5	1	0
Amphetamines	181	29.2	127	54	155	0	21	4	1
Cocaine	26	4.2	23	3	24	0	2	0	0
Marijuana	102	16.5	71	31	89	1	12	0	0
Hallucinogens	58	9.4	45	13	52	0	6	0	0
Inhalents	29	4.7	26	3	18	0	9	2	0
Over the Counter	3	.5	1	2	3	0	0	0	0
Tranquilizers	37	6.0	23	14	36	0	1	0	0
Other	1	.2	0	1	1	0	0	0	0
TOTAL	619		456	163	539	5	67	7	1
% of TOTAL		(100%)	(73.7%)	(26.3%)	(87.1%)	(0.8%)	(10.8%)	(1.1%)	(0.2%)

TABLE 7C

CODAP ADMISSIONS
Drug Type by Sex Comparisons
1978

Males N=456		Females N=163
28%	←----- Amphetamines -----→	33%
10%	←----- Hallucinogens -----→	8%
6%	←----- Inhalents -----→	2%
11%	←- Barbs-Sedatives-Tranq. -→	19%
16%	←----- Other -----→	2%
15%	←----- Marijuana -----→	19%
9%	←----- Opiates -----→	15%
5%	←----- Cocaine -----→	2%

TYPE OF PRIMARY DRUGS USED AT ADMISSION

BY AGE
(1978 CODAP DATA)

Table 7D

TYPE OF DRUG	N	%	AGE AT ADMISSION						
			0 - 17	18 - 20	21 - 25	26 - 30	31 - 44	45 - 64	65 +
None	1	0.2	1	0	0	0	0	0	0
Opiates	64	10.3	6	12	18	13	4	4	0
Alcohol	71	11.5	45	16	8	1	1	0	0
Barbiturates	46	7.4	13	7	10	1	13	2	0
Amphetamines	181	29.2	43	47	48	32	11	0	0
Cocaine	26	4.2	0	9	11	4	2	0	0
Marijuana	102	16.5	48	23	22	7	0	2	0
Hallucinogens	58	9.4	15	22	13	6	1	0	1
Inhalents	29	4.7	13	5	7	2	2	0	0
Over the Counter	3	0.5	0	2	0	0	0	1	0
Tranquilizers	37	6.0	5	5	9	3	10	5	0
Other	1	0.2	0	0	0	0	1	0	0
TOTAL	619		189	148	146	76	45	14	1
% of TOTAL		(100%)	(30.5%)	(23.9%)	(23.6%)	(12.3%)	(7.3%)	(2.3%)	(0.2%)

SEX - AGE - RACE - EDUCATIONAL CHARACTERISTICS
OF CLIENTS ADMITTED TO TREATMENT
(1978 CODAP DATA)

Table 8

CLIENT CHARACTERISTICS	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	MONTANA AVERAGE
TOTAL CLIENTS	160	155	137	167	619
SEX Male Female	75% 25	70% 30	75% 25	74% 26	74% 26
AGE - 18 18 - 20 21 - 25 26 - 30 30 +	40 16 21 14 9	36 14 25 13 12	34 25 23 8 10	37 16 26 12 9	37 17 24 12 10
RACE White Black American Indian Alaskan Native Asian Hispanic - Mexican Other - Hispanic	86 0 13 0 1 0 0	86 1 11 0 0 1 1	89 2 7 0 0 2 0	87 1 11 0 0 1 0	87 1 11 0 0 1 0
EDUCATION 0 - 8 9 - 11 12 + 12 Other	13 42 33 12	15 44 30 10 1	15 39 34 12	14 41 29 15 1	14 42 31 12 1

Table 9

REASON FOR DISCHARGE
(1978 CODAP DATA)

<u>Reason</u>	<u>Total</u>	<u>Percent</u>
Completed - No Drug Use	177	28.6
Completed - Some Drug Use	45	7.3
Transfer - In Progress	35	5.7
Outside Referral	52	8.4
Non Compliance	66	10.7
Left Before Treatment Completed	224	36.2
Incarcerated	<u>20</u>	<u>3.2</u>
TOTAL	619	100%

PRIMARY DRUG	Total No. of Admissions	% Indicating Single Drug Problem Only	SECONDARY PROBLEM													% Indicating Multiple Drug Problems	
			Heroin	Opiates	Alcohol	Barbiturates	Sedatives	Amphetamines	Cocaine	Marijuana	Hallucinogens	Inhalents	Over the Counter	Tranquilizers	Other		
None	1																
Heroin	18	0		5	1	4			5		3						100
Opiates	46	15.2	2		5	8	2	8	3	7	1			3			84.8
Alcohol	71	39.4				2	1	6		31	1	2					60.5
Barbiturates	34	8.8		6	4		3	9		4	3			2			91.2
Sedatives	12	0		3	5	1				1				1	1		100
Amphetamines	181	6.6	1	10	22	15				12	71	31		7			93.4
Cocaine	26	0		3	3	1			6		8	5					100
Marijuana	102	26.5			40	2	1	15	5			9	2	1			73.5
Hallucinogens	58	0		1	9	5	1	11	3	26		1	1				100
Inhalents	29	17.2		1	13				3	1	3	3	1				82.8
Over the Counter	3	33.3				1							1				66.7
Tranquilizers	37	10.8		3	10	5	1	5			5	4					89.2
Other	1	100															0
TOTAL	619		3	32	112	44	9	68	24	159	57	7	2	13	1		(531) 85.8%

PATTERNS OF MULTIPLE DRUG USE

(1978 CODAP DATA)

Table 10B

PRIMARY DRUG	Total No. of Admissions	% Without Tertiary Problems	TERTIARY PROBLEM												% Indicating Multiple Drug Problems			
			Heroin	Opiates	Alcohol	Barbiturates	Sedatives	Amphetamines	Cocaine	Marijuana	Hallucinogens	Inhalents	Over the Counter	Tranquilizers		Other		
None	1																	
Heroin	18	5.6		2	1	2			4	2			5	1			94.4	
Opiates	46	43.5	3		6				7	3	5		1		1		56.5	
Alcohol	71	85.9		1					3		3		3				14.1	
Barbiturates	34	23.5	2	1	4				5		6		2		1	5	76.5	
Sedatives	12	25.0			4				2		1					2	75.0	
Amphetamines	181	32.0	1	4	41	4	1			11	38	10	3			9	1	68.0
Cocaine	26	19.2	2		6	1			6		3	3						80.8
Marijuana	102	67.6		1	12	2			7	4			3	1	1	1	1	32.4
Hallucinogens	58	10.3	2		10	5			11	4	17		1		1		1	89.7
Inhalents	29	44.8			4	1			2		8	1						55.2
Over the Counter	3	33.3									1	1						66.7
Tranquilizers	37	40.5		2	7	1	1	1	2	1	7	1						59.5
Other	1	100																0
TOTAL	619		10	11	95	16	2	49	25	89	30	6	3	18	3			(357) 57.7%

All persons (100%) admitted for a primary problem of heroin had a secondary drug problem and 94% indicated a third drug of abuse. Heroin addicts most frequently reported other opiates and amphetamines as their secondary drug problem.

Source of Referrals

Table 11 displays sources of referral of drug clients at admission. The majority of referrals (53%) are a result of outreach efforts. Drug treatment programs are effectively reaching populations through their outreach efforts. Parole and probation continue to be important referral sources as do social service agencies and friends.

Drug Abuse Trends (See Table 12)

Opiates

Montana does not have a substantial opiate problem. Admissions for abuse of opiates has consistently accounted for only 8% to 10% of the state's treatment population since 1975. However, during 1978, 15% of the women admitted to treatment had an opiate problem compared to 9% of the men. This is the first year that opiate abuse has not been reported predominantly by men.

Amphetamines

The abuse of amphetamines continues to be Montana's most significant drug problem. Approximately one-third of the total treatment population since 1975, has indicated a primary problem with amphetamines.

Marijuana

Admissions for the abuse of marijuana has continued to increase since 1976. Crime and arrest data reveals that marijuana is the predominant drug violation charge, accounting for 71% of all drug arrests in 1978. It should be noted that law enforcement's emphasis on marijuana does not necessarily indicate that marijuana is the major drug of abuse in Montana but it does account for increasing referrals to drug treatment programs resulting from marijuana arrests.

Other drugs

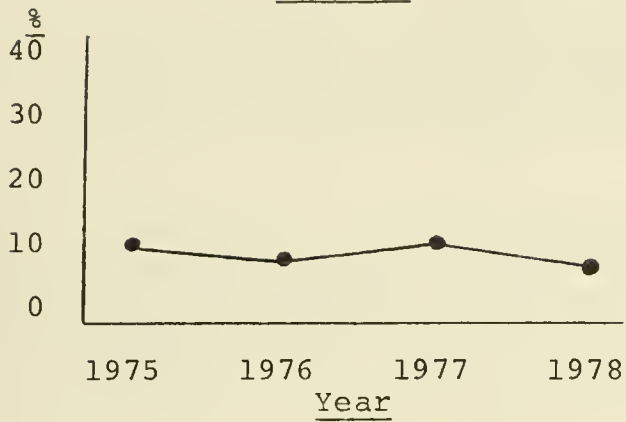
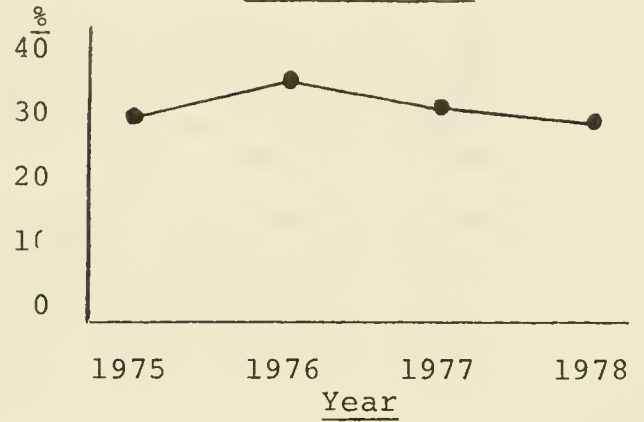
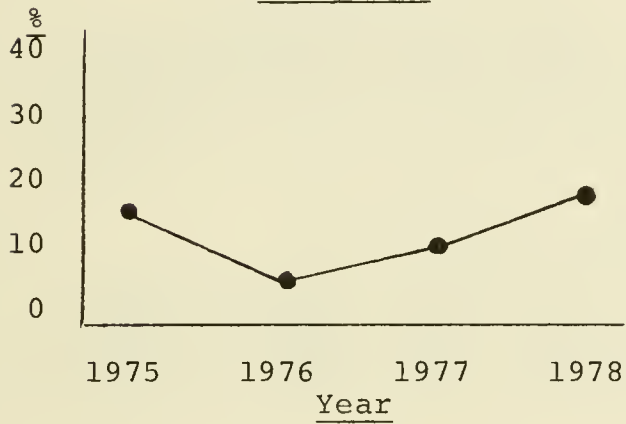
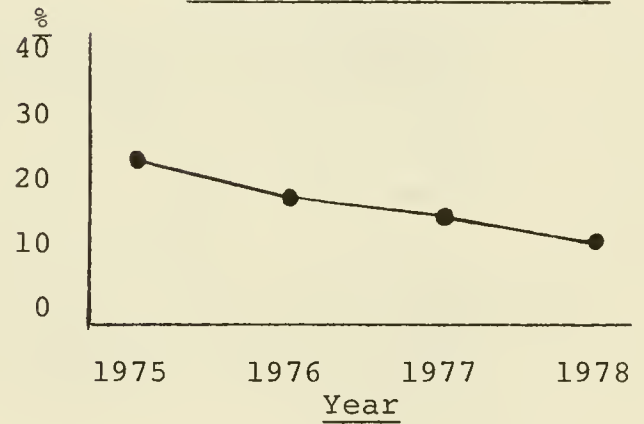
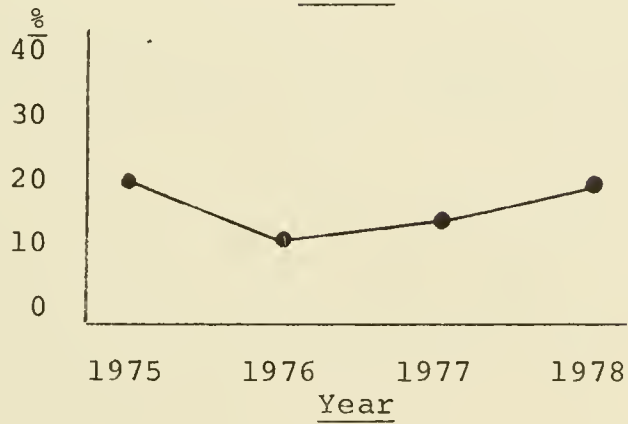
The admissions for hallucinogens, inhalents and alcohol have increased over the past few years. Between 1977 and 1978 admissions for hallucinogens increased from 6% to 9.4%, inhalents increased from 3% to 4.7% and alcohol increased from 11% to 11.5%. Hallucinogens appear to be used by younger age groups (17-20) and the use decreases in older age categories.

STATEWIDE DRUG ADMISSIONS
SOURCE OF REFERRAL AT ADMISSION
(1978 CODAP DATA)

Table 11

<u>SOURCE</u>	<u>NUMBER</u>	<u>PERCENT</u>
Self	329	53.2
General Hospital	9	1.5
Mental Hospital	6	1.0
Community Mental Health Center	5	.8
Social or Community Service	46	7.4
Private Physician	9	1.5
Other Program	4	.6
Family	26	4.2
Friends	21	3.4
Employer	2	.3
School	4	.6
Probation	71	11.5
Parole	35	5.6
Police	8	1.3
Other	<u>44</u>	<u>7.1</u>
TOTAL	619	100 %

TABLE 12

DRUG ABUSE TRENDS
1975 - 1978OpiatesAmphetaminesMarijuanaBarbs-Sedatives-Tranq.Other

Inhalent (solvents) abuse is recognized as a problem in Montana particularly among Native Americans and low income youth. Solvents are easily accessible and inexpensive, therefore they are used when other more expensive and less accessible drugs cannot be obtained.

Most of the admissions for primary alcohol abuse are accounted for at the three correctional institution chemical dependency programs. Although alcohol is the most widely abused drug in Montana, drug treatment programs refer those persons with serious alcohol problems to community alcohol treatment centers.

Table 13 shows admission trends by drug type from 1975. Admissions by drug type have not changed significantly since 1975 with the exception of increased admissions for marijuana abuse. Amphetamine admissions have consistently accounted for 30% to 35% of admissions to Montana treatment programs. The NIDA slot utilization has averaged 89% during 1978.

Estimate of High Risk Population

The Synthetic Estimate Chart, Table 14, utilizes the most recent population statistics and admissions to drug treatment programs in a thirteen county area to project total state treatment population for the high risk age group (15-24) utilizing CODAP admission data to Southwestern Montana Drug Program (SMDP). SMDP covers a thirteen county area (Region IV and Missoula County in Region V). Population statistics of 15-24 year olds was gathered from the same thirteen county area.

A percentage was computed (admission/population) and this rate was applied to the remaining state population to project total state treatment needs in the high risk age group. Based on these projections, the estimated high risk population is approximately 789 persons. It is projected that thirty-five percent (35%) of the high risk population abuses amphetamines.

ADMISSION TRENDS
1975 - 1976 - 1977 - 1978

Drug Type at Admission

<u>Drug Type</u>	<u>1975</u> <u>N=379</u>	<u>1976</u> <u>N=441</u>	<u>1977</u> <u>N=555</u>	<u>1978</u> <u>N=619</u>
Opiates	12%	10%	12%	10%
Alcohol	2%	21%*	10%*	12%*
Barbiturates (Other Sedatives)	22%	19%	18%	13%
Amphetamines	30%	35%	33%	30%
Marijuana	14%	4%	11%	17%
Other	20%	11%	16%	20%

*Alcohol admissions were all located at Morningstar (Indian Demonstration Grant 1976-1977), and Correctional Institutions 1978.

% Slot Utilization of NIDA Matrix Programs

	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sep.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Total</u> <u>Average</u>
<u>1975</u>	110	109	113	103	72	76	79	96	92	94	97	92	94
<u>1976</u>	100	99	100	99	95	94	93	94	96	93	87	85	94
<u>1977</u>	80	82	78	89	80	82	83	85	83	96	89	92	85
<u>1978</u>	98	93	92	90	90	90	89	85	80	87	89	88	89

AND POPULATION IN REGION IV
Controlled for Age Group 15-24 (high risk)
by Sex and Drug Type

DRUG TYPE	SEX	KNOWN		ESTIMATED		
		Region IV Population (25-24)		Regions I,II,III,V (15-24)		TOTAL STATE
		Males	Females	Males	Females	Males Females
		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
OPIATES	Male	8	.00035	13	21	21
	Female	15	.00069	27	42	42
	TOTAL	23	.00052	40	63	63
BARBITURATES	Male	21	.00092	35	56	56
	Female	12	.00055	21	33	33
	TOTAL	33	.00074	56	89	89
AMPHETAMINES	Male	66	.0029	111	177	177
	Female	37	.0017	66	103	103
	TOTAL	103	.0023	177	280	280
COCAINE	Male	10	.00044	17	27	27
	Female	2	.00009	4	5	5
	TOTAL	12	.00027	21	32	32
MARIJUANA	Male	42	.0018	69	110	110
	Female	20	.0009	35	55	55
	TOTAL	62	.0014	104	165	165
HALLUCINOGENS	Male	27	.0012	46	73	73
	Female	11	.0005	19	30	30
	TOTAL	38	.00085	65	103	103
INHALENTS	Male	11	.00048	18	29	29
	Female	2	.00009	4	6	6
	TOTAL	13	.00029	22	35	35
OTHER	Male	1	.00004	2	2	2
	Female	1	.00005	2	3	3
	TOTAL	2	.00004	4	5	5
TOTAL	Male	186	.0082	314	501	501
	Female	100	.0046	179	280	280
	TOTAL	286	.0064	493	789	789

2.4 DISCUSSION OF CRIME AND ARREST DATA

Crime Control Report

The following data was obtained from the Montana Board of Crime Control, it is the most recent analysis of crime and arrest data pertaining to drugs and is included in this plan as an indicator of drug activity within the state.

Arrest data from 1978 has not yet been analyzed by the Montana Board of Crime Control but will be made available to the ADAD for planning purposes as soon as the report is completed.

Drug Offenses

Widespread concern of illegal drug use is not unique to Montana. Within the past ten years, drug activity has reached the smallest rural communities in the state.

Since 1971, the Criminal Justice Data Center has been gathering information on drug arrests; and beginning in 1973, information has been collected on drug offenses.

For the purpose of this study, the most valid indicator of drug activity is the number of drug arrests. This is because drug activity, like alcohol related crimes, is an "immediate situation" in which the offense usually does not become a crime until the offender is arrested. However, it is nevertheless important to investigate the area of drug offenses in which an offense occurs every five hours at a rate of 226.0 per 100,000 persons.

In this report, both drug offenses and drug arrests have been placed in the categories of opiates, marijuana, dangerous drugs and other drugs. Opiates consist of opium and cocaine and their derivatives including morphine, heroin and codeine; marijuana consists of marijuana and its derivative of hashish; dangerous drugs consist of manufactured drugs such as LSD, demerol and methadone; other drugs include dangerous non-narcotic drugs such as barbiturates, benzedrine, methadrine and amphetamines.

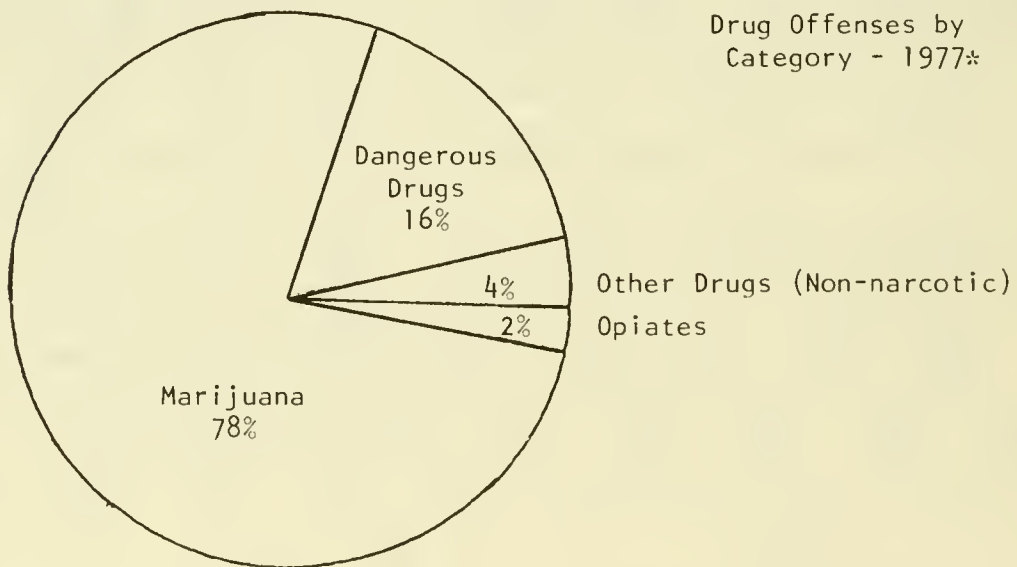
During 1977 there were 1,498 narcotic drug law violations reported by Montana law enforcement agencies. Out of the total reported, 1,265 drug offenses were cleared by arrest or exceptional means and of this total 32.9 percent of the offenses cleared were by the arrest of persons under 18 years of age. Table 14 shows an analysis of 1977 drug offenses by category.

Table 15
Drug Offenses*

Category	Actual Offenses	% of Total	Cleared by Arrest	% of Total	Cleared by Arrest Under 18	% of Total
Opiates	22	.02	21	.02	2	.01
Marijuana	1166	.78	1003	.79	378	.90
Dangerous Drugs	243	.16	188	.15	24	.06
Other Drugs	67	.04	53	.04	13	.03
Total	1498	100	1265	100	417	100

In 1977, 1,265 offenses were cleared by arrest for a clearance rate of 84.4 percent. This rate is considerably above the state-wide clearance rate of 28.5 percent for all other major felonies and high misdemeanor offenses, indicating that drugs are, in fact, an "immediate" crime. Furthermore, several areas in Montana have trained law enforcement teams which specialize in drug investigation and are highly successful in their efforts.

Historically it was commonly assumed that marijuana was the largest drug violation category in Montana. This summary tabulates the extent of the four drug categories to provide a total drug offense picture. Opiates account for 2 percent of all drug offenses, marijuana 78 percent, dangerous drugs 16 percent and other drug offenses 4 percent. This is shown in Illustration 1.



*Source: Montana Board of Crime Control, Criminal Justice Data Center

Drug Arrests

Drug arrests for 1977 are summarized in ten arrest categories, which include providing/selling, possession and drugs-unknown level. Table 16 shows the juvenile/adult drug arrest comparison.

Table 16
Adult and Juvenile Drug Arrests*

Category	Juvenile	% of Total	Adult	% of Total	Total	% of Total
Dangerous Drug--Unknown Level	41	9.3	354	34.0	395	26.7
Selling Opiates	2	.5	13	1.2	15	1.0
Selling Synthetics	0	.0	11	1.1	11	.7
Selling Non-Narcotics	1	.2	6	.6	7	.5
Selling Marijuana	10	2.3	119	11.4	129	8.7
Possession Opiates	1	.2	18	1.7	19	1.3
Possession Synthetics	6	1.4	17	1.6	23	1.6
Possession Non-Narcotics	1	.2	16	1.5	17	1.1
Possession Marijuana--Felony	24	5.4	111	10.7	135	9.1
Possession Marijuana--Misd.	355	80.5	376	36.2	731	49.3
Total	441	100.0	1041	100.0	1482	100.0
Percent of Total		29.8		70.2		

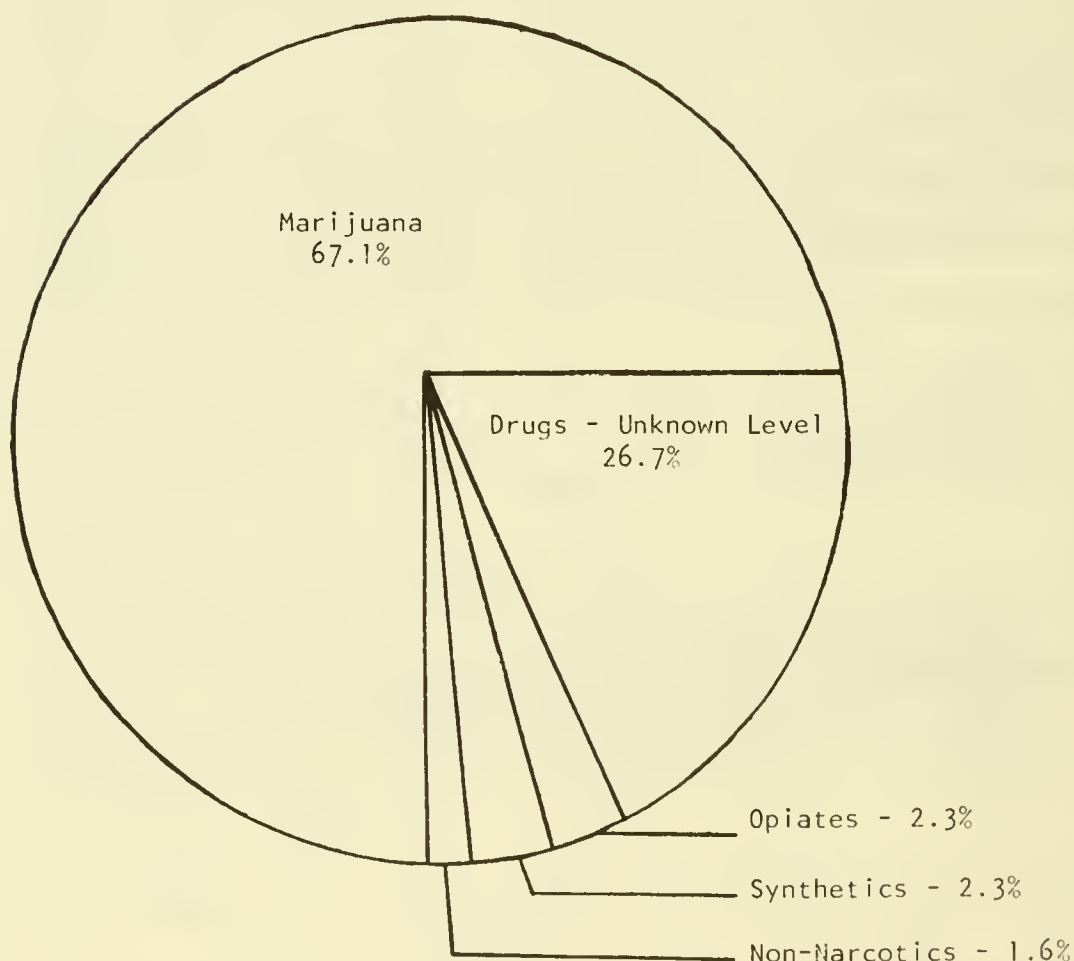
The arrest tabulation in Table 16 reveals similar comparisons to the offenses tabulation in Table 15. Marijuana arrests account for 67 percent of all drug arrests, while marijuana offenses account for 78 percent of all drug offenses. Illustration 11 shows the extent of marijuana drug violation charges in relation to other types of drug arrests. Providing/selling

*Source: Montana Board of Crime Control, Criminal Justice Data Center

and possession drug arrests have been grouped together to show their extent according to the type of drug included in each category. Possession of drugs accounts for 62 percent of all drug arrests, while providing/selling involves 11 percent of all drug arrests. The arrest category of dangerous drug-unknown level accounts for 26.7 percent and consists of drug arrests which were not classified by the arresting agency.

The arrest profile reveals that marijuana is the predominant drug violation charge, accounting for 67.1 percent of all drug arrests. This is shown in Illustration 11 below.

Drug Arrests by Category*
1977

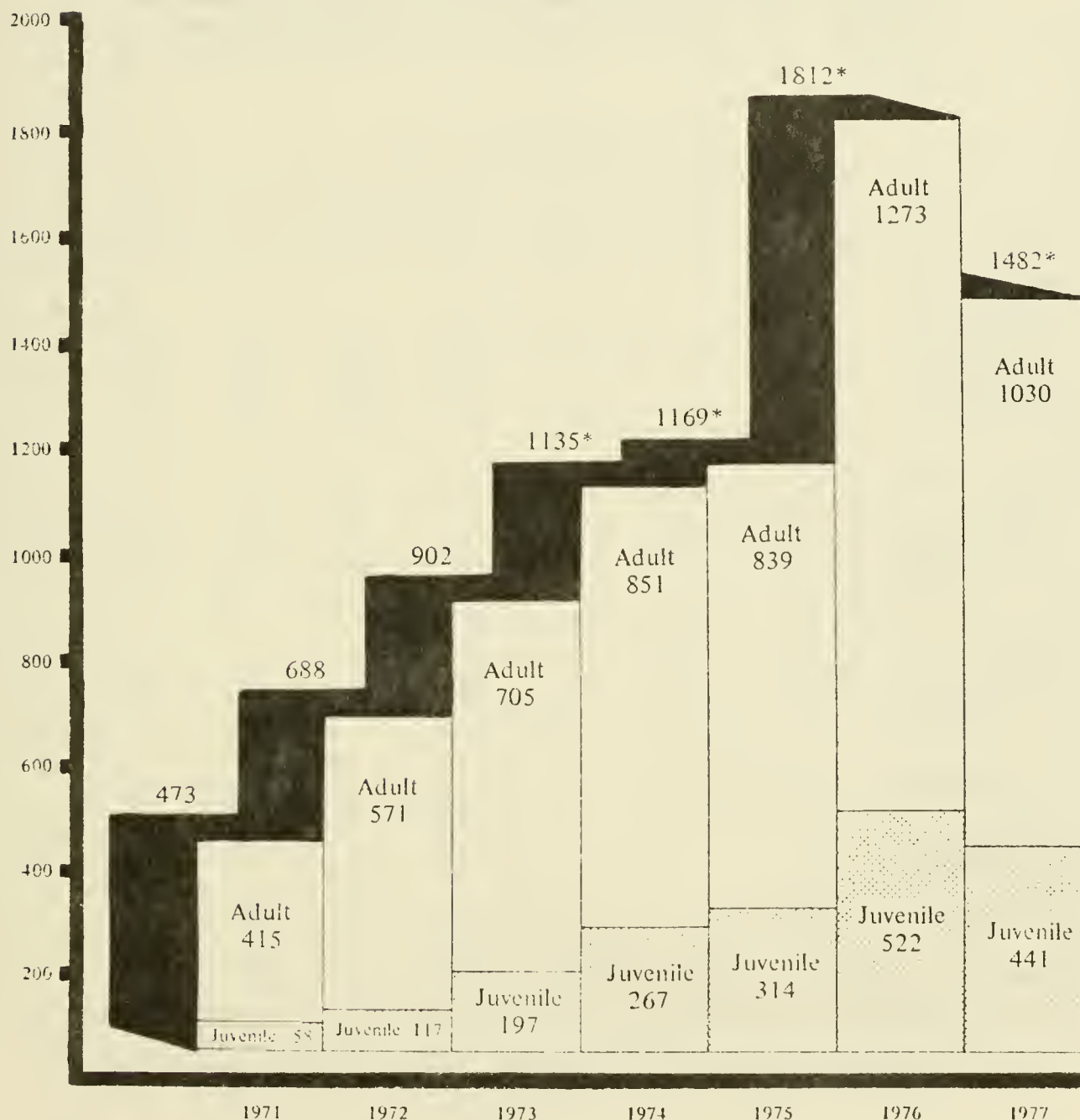


*Source: Montana Board of Crime Control, Criminal Justice Data Center

Illustration III shows the drug arrest trend from 1971 through 1977.

The number of drug offense arrests decreased significantly in 1977 despite a large increase in 1976 in the number of drug-related offenses reported to the police. The proportion of juvenile offenders arrested has remained fairly constant (24 - 30 percent) despite the decrease in 1977.

Illustration III
DRUG ARRESTS *



*Unknown Age = 27 (17) - 1974, 1% (16) - 1975, 1% (17) - 1976, 1% (11) - 1977

*Source: Montana Board of Crime Control, Criminal Justice Data Center

Table 17 compares drug arrests by age group. Note that activity in the categories of opiates and marijuana starts in the 12-15 age group, peaks out in the 20-25 age group and begins to end with the 30-39 age group. This trend is also characteristic of non-narcotics; however, no arrests occur earlier than the 16-17 age group. Arrests for synthetics also begin in the 1-11 age group and peak between the ages of 20-25. The 20-25 age group dominates all drug arrests in every category. These statistics also correlate to treatment statistics which also indicate the 20-25 age group as high risk.

The reason for the drastic decline in drug arrests for the 26-29 age group has not yet been systematically evaluated, but it appears likely to be related to disenchantment with the drug scene, fear of being arrested and more involvement with alcohol.

Table 17
Drug Arrests by Age Group*

	1-11	12-15	16-17	18-19	20-25	26-29	30-39	40-49
Marijuana								
Possession								
Felony	0	3	21	39	56	8	5	1
Misdemeanor	0	119	236	151	163	35	22	2
Selling	0	2	8	27	61	23	7	0
Subtotal	0	124	265	217	280	66	34	3
Opiates								
Sell	0	2	0	4	5	2	2	0
Possession	0	1	0	2	7	3	4	2
Subtotal	0	3	0	6	12	5	6	2
Synthetics								
Sell	0	0	0	1	7	7	1	1
Possession	2	2	2	6	10	1	0	0
Subtotal	2	2	2	7	17	8	1	1
Non-Narcotics								
Sell	0	0	1	0	2	4	0	0
Possession	0	0	1	1	9	5	1	0
Subtotal	0	0	2	1	11	9	1	0
Drugs Unknown	0	11	30	116	170	41	16	3
Total	2	140	299	347	490	129	58	9

*Source: Montana Board of Crime Control, Criminal Justice Data Center

Table 18 shows statewide adult and juvenile misdemeanor arrests by offense and day and time of crime. The largest number of alcohol related offenses occur on Saturdays between the hours of midnight and 4:00 A.M. The Montana Highway Patrol also reports that more fatal accidents occurred between 2 and 3 A.M. than any other hour of the day and on Saturdays more than any other day of the week.

Statewide adult and juvenile felony arrests by offense, day and time of crime, as shown in Table 19, also indicates that most drug arrests are made on Saturdays between the hours of 8:00 P.M. to 4:00 A.M.

STATEWIDE ADULT & JUVENILE MISDEMEANOR ARRESTS BY OFFENSE, DAY & TIME OF CRIME

JANUARY 1, 1977 THRU DECEMBER 31, 1977

Offense	Total	DAY							HOUR							Unknown
		Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	0-4AM	4-8AM	8-12AM	12-4PM	4-8PM	8-12PM		
Assault.....	447	42	36	41	38	55	45	68	64	17	22	35	49	64	122	
Riotous Conduct.....	2,806	319	204	193	258	239	321	481	628	87	58	152	249	401	791	
Disturbing the Peace....	1,139	146	89	87	139	142	169	225	318	56	58	96	144	271	142	
Weapons.....	84	11	5	12	9	6	3	5	4	1	1	10	16	12	33	
Theft.....	2,640	227	293	279	276	303	275	380	243	29	184	594	501	249	607	
Drunk.....	3,622	275	229	233	227	300	300	452	57	11	10	51	69	63	1,606	
Drunk Driving.....	3,083	441	259	226	217	295	380	537	876	87	59	110	284	518	728	
Possession of Alcohol...	1,529	145	97	86	96	126	277	306	340	23	44	81	72	407	396	
Trespassing.....	513	73	36	43	63	32	49	54	97	33	18	41	47	66	163	
Vagrancy.....	14	0	0	1	2	0	2	0	1	0	1	0	1	2	9	
Prostitution.....	16	3	0	7	4	2	0	0	3	0	0	0	0	8	0	
Indecent Exposure.....	94	13	11	5	11	10	15	16	21	2	5	9	12	20	13	
Gambling.....	2	0	0	0	1	0	0	1	1	0	0	0	0	1	0	
Traffic - Hit & Run.....	200	29	23	15	21	17	27	32	45	4	11	20	25	37	36	
Traffic - Reckless.....	792	128	78	60	60	66	114	162	239	22	21	55	98	153	124	
Warrant Arrest.....	737	53	51	55	69	86	94	78	34	9	26	45	35	26	251	
Other Misdemeanors ...	11,042	1,265	1,067	1,034	1,030	1,167	1,451	1,536	1,458	515	866	1,272	1,509	1,912	2,492	
Sub-Total Misdemeanors	28,760	3,170	2,478	2,377	2,521	2,846	3,522	4,333	4,429	896	1,384	2,571	3,111	4,210	7,513	
Immoral Conduct.....	4	0	0	0	1	1	1	0	1	0	0	1	0	1	1	
Truant.....	86	0	14	2	3	6	20	0	1	1	22	18	0	0	41	
Curfew.....	880	129	53	57	56	75	64	175	469	37	11	6	3	15	271	
Incorrigible.....	167	27	16	11	8	17	21	17	24	8	16	17	23	22	50	
Runaway - Local.....	771	38	78	47	56	62	58	45	44	18	44	58	69	49	387	
Runaway - Out-of-State..	527	11	35	33	21	26	38	27	16	14	13	34	36	14	336	
Other Delinquency.....	1,957	191	191	233	210	241	220	254	121	30	38	54	86	140	417	
Total Delinquent Tendencies..	4,392	396	387	383	355	428	422	518	676	108	144	188	217	241	1,503	
GRAND TOTAL	33,152	3,566	2,865	2,760	2,876	3,274	3,944	4,851	5,105	1,004	1,528	2,759	3,328	4,451	9,016	
Percent of Grand Total		.11	.09	.08	.09	.10	.12	.15	.15	.03	.05	.08	.10	.13	.27	

Source: Montana Board of Crime Control, Criminal Justice Data Center

STATEWIDE ADULT & JUVENILE FELONY ARRESTS BY OFFENSE, DAY & TIME OF CRIME

JANUARY 1, 1977 THRU DECEMBER 31, 1977

Offense	Total	DAY							HOUR							Unknown
		Sun.	Mon.	Tue.	Wed.	Thru.	Fri.	Sat.	0-4AM	4-8AM	8-12AM	12-4PM	4-8PM	8-12PM		
Homicide	75	7	8	7	4	10	1	4	8	0	0	3	1	5	34	
Forcible Rape	69	5	4	8	4	7	6	12	10	4	3	7	2	0	23	
Robbery	135	17	5	15	9	13	4	7	12	7	3	5	6	8	65	
Aggravated Assault	877	76	68	59	47	58	83	121	91	15	25	38	47	94	365	
Total Against Person	1,156	105	85	89	64	88	94	144	121	26	31	53	56	107	487	
Burglary	883	62	76	55	77	67	81	76	88	20	20	28	40	51	389	
Grand Theft	1,468	94	132	143	136	154	152	113	107	39	51	88	94	95	544	
Auto Theft	537	38	54	34	39	47	39	55	41	22	34	36	26	41	231	
Total Against Property . . .	2,888	194	262	232	252	268	272	244	236	81	105	152	160	187	1,164	
Checks Cards Forgery . .	791	28	56	62	74	61	76	35	1	0	38	40	28	8	399	
Sex	58	4	3	2	2	5	6	6	8	0	2	1	3	7	30	
Drugs	1,482	113	110	147	119	121	177	214	185	22	67	109	139	231	481	
Weapons	106	17	4	9	15	10	10	16	21	5	3	5	13	15	25	
Arson	42	2	4	6	8	3	1	3	1	2	6	4	3	3	15	
Federal	164	5	15	6	23	12	15	9	13	3	3	17	11	7	79	
All Others	994	66	82	77	62	58	68	70	86	16	36	47	54	76	511	
Total Other Felonies	3,637	235	274	309	303	270	353	353	315	48	155	223	251	347	1,540	
GRAND TOTAL	7,681	534	621	630	619	626	719	741	672	155	291	428	467	641	3,191	
Percent of Grand Total		.07	.08	.08	.08	.08	.09	.10	.09	.02	.04	.06	.06	.08	.42	

Source: Montana Board of Crime Control, Criminal Justice Data Center

I. ADMINISTRATIVE FUNCTIONAL PLAN

A. FY 79 Performance Report - Administration

Objective 1 - Amend existing or initiate new legislation to further objectives of this State Plan.

The 46th Montana Legislature passed a bill (SB 61) which, beginning July 1, 1979, mandates insurance companies within Montana to provide optional coverage for alcoholism and drug abuse treatment services. Although coverage for alcoholism and drug abuse treatment will be optional to the consumer, it opens the door for third party reimbursement in Montana. One of the major roles the Division can undertake is to encourage companies to request the optional coverage for alcoholism and drug treatment in their group insurance plans.

The legislature also passed HB 844, which included a provision that the Division would have authority to certify alcohol and drug counselors.

Enacture of HB 844 also changed the existing method by which liquor tax funds are distributed. Distribution of funds, as mandated by HB 844, is described on page 51. .

Objective 2 - To support special emphasis programs and to continue to assess the needs of special populations and design activities to meet identified needs.

As discussed in detail on pages 60-76 of this functional plan, the Division has made an extensive effort to identify the unique needs of special populations and to develop action plans to meet those needs.

Objective 3 - Implement contract monitoring procedure to effectively monitor provider compliance with contract provisions in the interim periods between on-site reviews.

To effectively monitor provider compliance with contract provisions in the interim periods between on-site program reviews the Division implemented the following procedures:

1. A contractor master list was prepared and updated on a monthly basis.
2. Provider requests for reimbursements were reviewed to ensure that requested amounts were in line with contract provisions.
3. Payments of requests for reimbursements were authorized by the Division Administrator.

4. Quarterly program reports were reviewed by the Division's Reporting and Evaluation Bureau Chief to determine whether programs were meeting their goals and objectives.
5. A log showing the date of request for reimbursement, payment date and total payments made to date including cash advances for start up funds were maintained on a monthly basis.

B. Alcohol and Drug Abuse Division Organization

The Alcohol and Drug Abuse Division exists within the Department of Institutions and is the designated Single State Agency for drugs as well as the State Alcohol Authority within the State of Montana. All major management functions, with the exception of subcontractor reimbursement and on-site financial monitoring, are performed within the ADAD. These latter two functions are performed respectively by the Department's Management Services Division and its special staff unit. (See organizational charts- Exhibit 3).

ADAD staff roles and responsibilities are functionally defined under a two-bureau organization which includes a Community and Program Development Bureau and a Reporting and Evaluation Bureau.

The Community and Program Development Bureau consists of five sections:

1. Direct Services Section
2. Technical Assistance Section
3. Special Services Section
4. Prevention Section
5. Training and Certification Section

Six of the Community and Program Development Bureau staff are responsible for training, technical assistance, prevention programs and special services. An additional sixteen (16) staff provide direct drug treatment services through the Southwestern Montana Drug Program (SMDP).

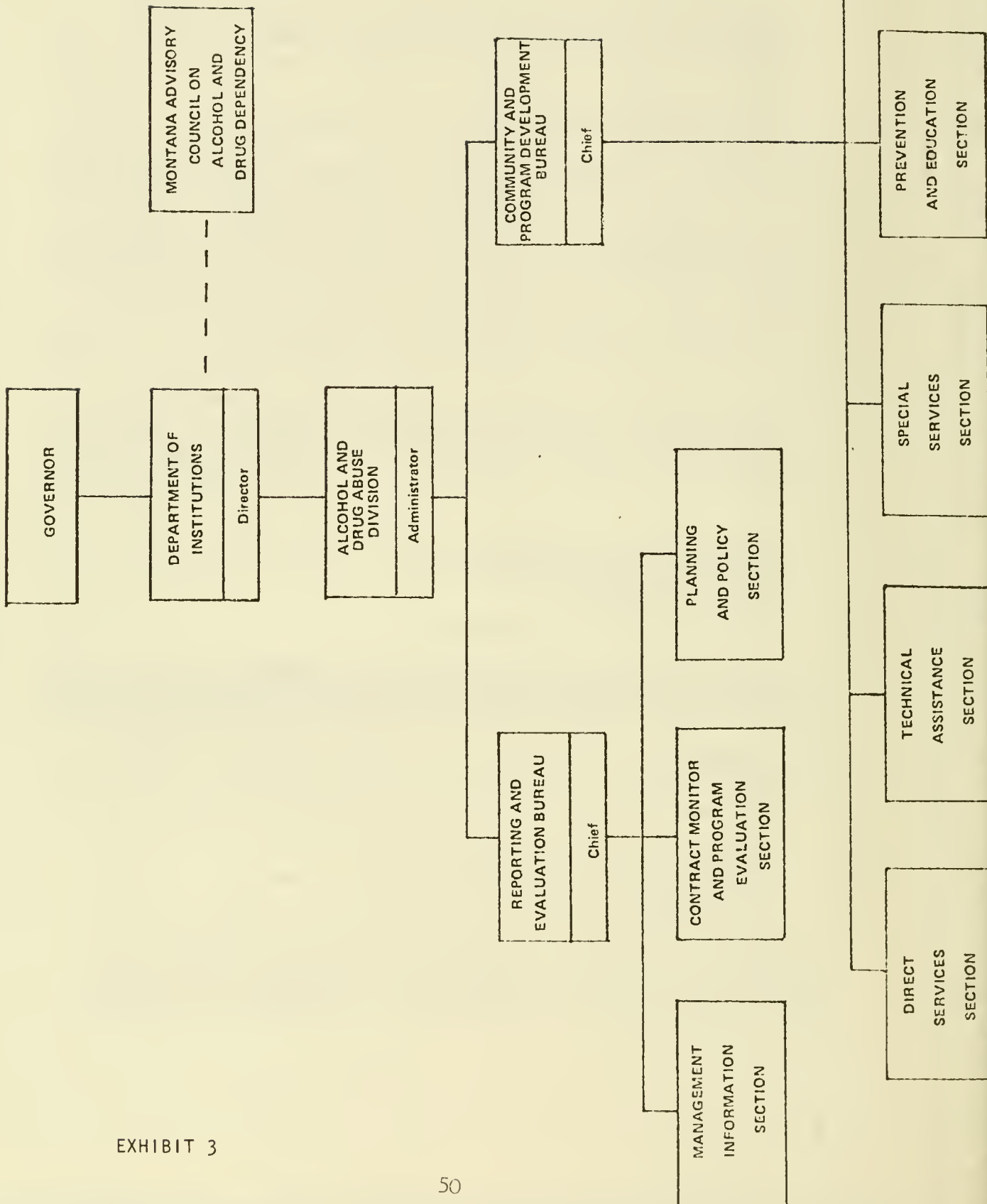
The Reporting and Evaluation Bureau has three functional sections:

1. Management Information Systems
2. Contract, Monitor and Program Evaluation Section
3. Planning/Policy Section

The five staff members of the Reporting and Evaluation Bureau are responsible for program monitoring and evaluation, management information systems and the development of the annual state plan for alcohol and drugs.

ORGANIZATION CHART

MONTANA ALCOHOL AND DRUG ABUSE DIVISION



With the exception of the state operated SMDP, each ADAD staff member performs functions specific to both alcoholism and drugs.

The ADAD is guided by the Montana Advisory Council on Alcohol and Drug Dependency. The council is composed of ten members appointed by the Director of the Department of Institutions and approved by the Governor. The Council meets at least quarterly to review and affirm ADAD policy and to recommend project and program activities.

Prior to Montana's legislative sessions, the Council is an instrumental body in developing legislative strategy and in reviewing and supporting efforts of other legislative sponsors.

Council membership provides "broad representation of population groups to be served, of governmental and employee groups, State Health Coordinating Council, local citizens groups, and representatives of major socio-economic and ethnic groups", according to the Council's existing by-laws. (For list of Council members see Exhibit 4).

C. Administration of Alcohol & Drug Programs

1. Administration of Alcohol Programs and Distribution of Liquor Tax Funds

Alcohol services in Montana tend to be community based with satellite counselors providing services to outlying communities and counties.

HB 844, was passed by the 46th Legislature and signed by the Governor in April 1979, revising the laws relating to the distribution of liquor and beer tax. This law provides for incorporated cities to receive 30% of the liquor tax from the County Treasurer and for counties to retain 4.5% for administration. In accordance with HB 844, the Department of Institutions will distribute funding to counties based on a formula of eighty-five percent (85%) of the county's population and fifteen percent (15%) is allocated to the counties according to the proportion of the county's land area to the State's land area. See Table 20 for a projection of alcohol earmarked funds that each county is expected to receive in FY 80.

The Department of Institutions has received a limited appropriation of discretionary funding to assist counties severely impacted as a result of HB 844. Determination of the distribution of these monies will be made in September 1979.

As per state law, alcohol programs are state-approved or disapproved on an annual basis according to specific approval criteria. A program must achieve and remain in approved status to qualify for state and county funds derived from the alcohol tax.

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The Advisory Council membership has been established so that both minority and poverty interests are represented.

Estimated County Alcohol Earmarked Tax FY80

Beaverhead County	\$ 22,036
Big Horn County	23,575
Blaine County	16,189
Broadwater County	6,812
Carbon County	15,743
Carter County	11,470
Cascade County	149,224
Choteau County	14,753
Custer County	26,285
Daniels County	6,694
Dawson County	20,271
Deer Lodge County	26,480
Fallon County	8,747
Fergus County	27,654
Flathead County	89,476
Gallatin County	72,836
Garfield County	7,776
Glacier County	25,610
Golden Valley County	2,892
Granite County	7,056
Hill County	34,848
Jefferson County	13,638
Judith Basin County	6,774
Lake County	31,420
Lewis & Clark County	73,767
Liberty County	5,964
Lincoln County	31,343
Madison County	14,935
McCone County	7,232
Meagher County	7,776
Mineral County	8,115
Missoula County	123,578
Musselshell County	9,207
Park County	25,187
Petroleum County	3,124
Phillips County	15,618
Pondera County	13,658
Powder River County	7,714
Powell County	15,569
Prairie County	5,118
Ravalli County	34,561
Richland County	20,053
Roosevelt County	20,426
Rosebud County	22,327
Sanders County	17,157
Sheridan County	12,287
Silver Bow County	76,776
Stillwater County	11,078
Sweet Grass County	7,741
Teton County	13,456
Toole County	12,015
Treasure County	3,069
Valley County	26,727
Wheatland County	6,093
Wibaux County	3,704
Yellowstone County	177,086

2. Administration of Drug Abuse Treatment Programs

Montana presently has the following drug abuse treatment programs:

- Southwestern Montana Drug Program
- Lighthouse Residential Treatment Center
- Rimrock Foundation Drug Program
- Correctional Institution Chemical Dependency Programs
 - Pine Hills School for Boys
 - Swan River Youth Forest Camp
 - Montana State Prison

Southwestern Montana Drug Program (SMDP) provides outpatient drug services to the largest service population through five satellite centers. SMDP is a state program administered by the Montana Department of Institutions, Alcohol and Drug Abuse Division. Functionally, SMDP is under the Direct Services Section of the ADAD Community and Program Development Bureau. The Director of Treatment of SMDP, is accountable to the Bureau Chief of the Community and Program Development Bureau, who in turn reports to the Division Administrator. The day-to-day operations and programmatic decisions for SMDP are the responsibility of the Director of Treatment and Rehabilitation.

Lighthouse is a state operated residential treatment facility located in Galen, Montana. Lighthouse is a component of Galen State Hospital, which is part of the Department of Institutions, Mental Health and Residential Services Division. The Southwestern Montana Drug Program contracts with Lighthouse for ten residential beds.

Rimrock Foundation Drug Program is funded by the NIDA Statewide Services Grant for provision of outpatient drug abuse treatment services in Region III. As stated in the contract, all work performed by Rimrock is under the technical guidance and direction of the Alcohol and Drug Abuse Division.

ADAD has proposed in its statewide service grant application to obtain forty (40) additional outpatient drug-free treatment slots from NIDA for initiation of drug abuse services on the Flathead Indian Reservation. These slots would be contracted to the Flathead Reservation Comprehensive Alcohol Program for implementation of drug abuse services.

In September 1979 the ADAD received supplemental funding from the Montana Board of Crime Control for continuation of services in three State correctional institutions: Swan River Youth Forest Camp, Pine Hills School for Boys and Montana State Prison. The ADAD contracted with the Flathead Valley Chemical Dependency Program to administer the Swan River Program and the Region I Alcohol and Drug Abuse Board to administer the program at Pine Hills School for Boys in Miles City. The chemical dependency services within Montana State Prison are provided by a state staff member supervised by the Director of Treatment and Rehabilitation, Southwestern Montana Drug Program.

Comprehensive on-site program reviews of these drug abuse treatment programs are conducted annually by ADAD Reporting and Evaluation Bureau staff to ensure program compliance with State and Federal standards. Technical assistance is provided based upon weaknesses identified during the program review process and upon request by SMDP, the Director of Treatment and Rehabilitation Services.

3. Contract Process

The Division has developed and will utilize a standardized system for reviewing proposals and awarding contracts. (See Exhibit 5).

Phase I - Planning and Application Solicitation

- A. It is the responsibility of the Alcohol and Drug Abuse Division (ADAD) Administrator to conduct planning activities and ensure adequate justification and need for contract proposals. Planning activities include:
 - Determine whether contract proposals are the proper mechanism or means for funding services required.
 - Determining number and types of services needed.
- B. Identification of funds available must be made by the Department of Institutions Management Services Division.
- C. The Community and Program Development Bureau (C & PDB) has the responsibility of developing proposals and applications. The process can only be initiated after steps A & B have been completed. Proposals must include:
 - Project narrative, program budget and costing information.
- D. It is the responsibility of the ADAD Administrator to announce and advertise proposals, submit request for proposals to prospective contractors and receive and log in proposals once they have been completed.

Phase II - Application or Proposal Review

After proposals or applications have been completed by the prospective contractors and submitted to the ADAD they are scheduled for the review process.

- A. It is the responsibility of the C & PDB to review all proposals for programmatic content and make general recommendations.
- B. It is the responsibility of the Reporting and Evaluation Bureau (R & EB) to review all proposals for budget and cost aspects and make recommendations.
- C. Proposals are then scheduled to be reviewed by the staff Review Committee.

Review Committee includes a panel of three people made up from two ADAD staff members and one independent person from outside the ADAD.

Contract Process
Phase I - Planning & Application Solicitation

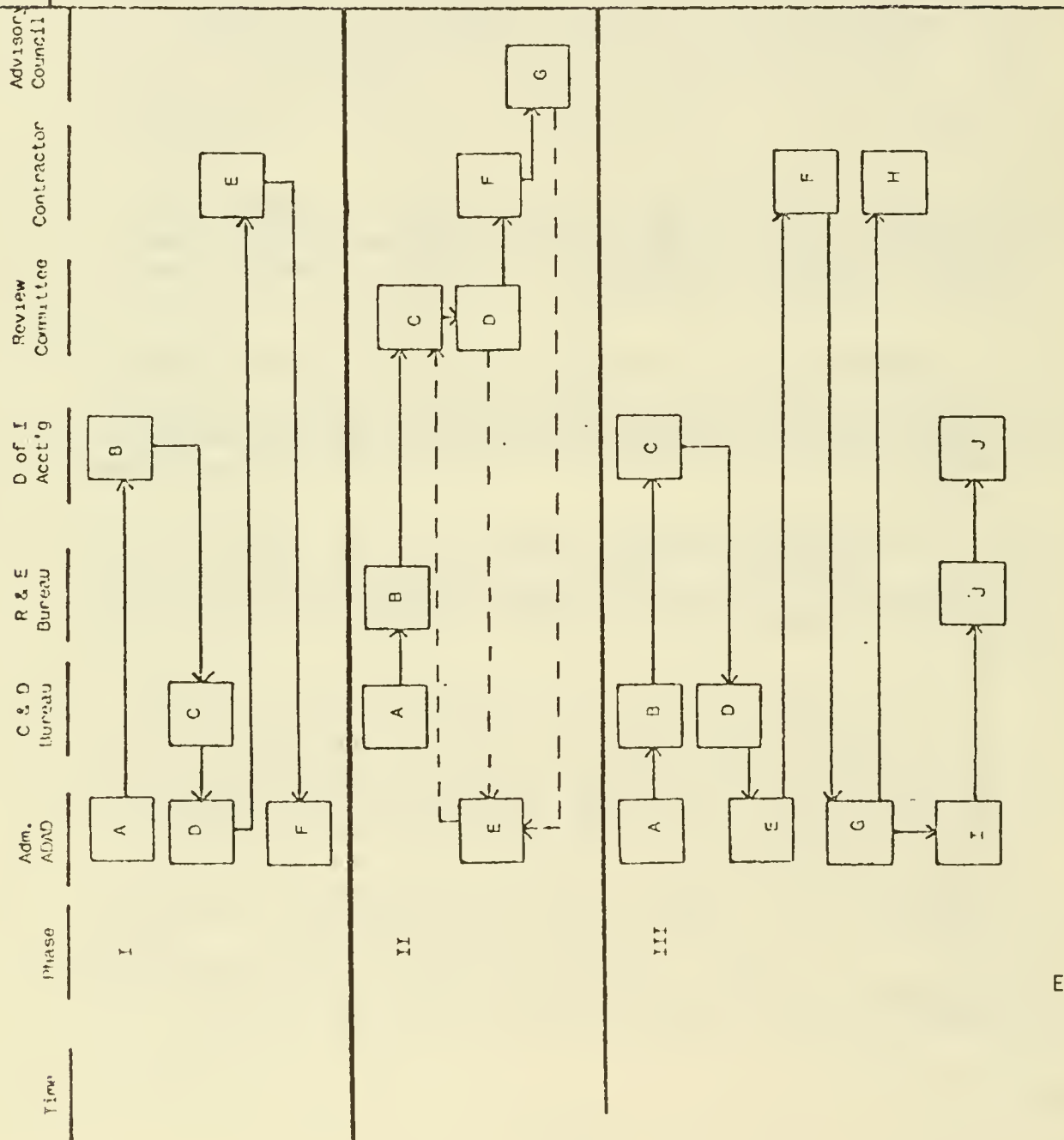
- A. Planning & justification of contract
- B. Funds available and identified
- C. Priorities & objectives of award development
- D. Announce awards & identify participants
- E. Mail applications or proposals to applicants
- F. Receive contract proposals or applications

Phase II - Application or Proposal Review

- A. Evaluation of programmatic aspects
- B. Evaluation of budget & cost aspects
- C. Review by committee
- D. Committee recommendation
- E. Additional information required
- F. Half-hour program presentation
- G. Advisory Council review (E Additional information required)

Phase III - Negotiation & Award

- A. Review of recommendation
- B. Agreement on terms - negotiation
- C. Financial review
- D. Development of contract
- E. Review & distribute
- F. Contractor review & signature
- G. Signature
- H. Commence contract
- I. Develop contract file
- J. Monitor contracts



ADAD Review Criteria:

1. Compliance to application and proposal criteria and guidelines.
 2. Results of last on-site evaluation and compliance with State standards.
 3. Goals and measurable program objectives including performance in meeting previous year's goals and objectives.
 4. Budget and cost review.
 5. Program self-evaluation system in place which includes program effectiveness and outcome measures.
- D. Prospective contractors may have a half hour to make a presentation of the proposal to the Review Committee.
- E. It is the responsibility of the ADAD Administrator to ensure that the Review Committee has all information needed to conduct the review. Any additional information needed by the review committee is routed through the ADAD Administrator.
- F. After the review committee has received the proposals or applications, they are forwarded to the State Alcohol and Drug Advisory Council for review and comments.
- Again, it is the responsibility of the ADAD Administrator to ensure that the Advisory Council has all required information to complete their review.
- G. The Director of the Department of Institutions reviews recommendations regarding funding and applications made by the Staff Review Committee, State Advisory Council and Administrator of the ADAD and makes a final award decision.

Phase III - Negotiation and Award

After all reviews have been completed and signed off with recommendations, the proposals enter the negotiation and award phase.

- A. The ADAD Administrator reviews all final recommendations.
- B. The C & PDB develops final terms of agreement and negotiates contracts with contractors.
- C. The Department of Institutions Accounting section again reviews final budget and costing information of contract to ensure adequate funds are available for contract award.
- D. The C & PDB then develops the final contract.

- E. The contracts are reviewed by the ADAD Administrator who ensures that they are mailed and distributed to contractors for signatures.
- F. After contracts have been reviewed and signed by the contractor, they are mailed back to the ADAD Administrator who ensures that all appropriate Department of Institution signatures are on the contract.
- G. Signed copies of contracts are then mailed to the contractors.
- H. The ADAD Administrator then develops a contract file on each contract issued.
- I. It is the responsibility of the R & E Bureau to monitor programmatic compliance of each contract and the Department of Institutions Accounting Office to monitor financial compliance of each contract.

4. Contract Monitoring

To effectively monitor provider compliance with contract provisions in the interim periods between on-site program reviews, the Reporting and Evaluation Bureau and Management Services Division will continue to follow these procedures:

- A. A contractor master list is maintained and updated on a monthly basis.
- B. Provider requests for reimbursement are reviewed to ensure completeness and that requested amounts are in line with contract provisions.
- C. Payments of requests for reimbursements will be authorized by the Division Administrator.
- D. Quarterly program reports will be reviewed to determine whether programs are meeting their goals and objectives as outlined in their current contracts.
- E. A log showing the date of request for reimbursement, payment date and total payments made to date including cash advances for start-up funds is maintained and updated on a monthly basis.

D. Budget Process

Budgets are developed annually by the Alcohol and Drug Abuse Division based upon historical costs and any anticipated expansions. The State of Montana operates on a July 1 through June 30 fiscal year. All Divisions within the Department prepare budgets in coordination with the Department's Management Services Division.

The Department of Institutions budget is submitted by the Management Services Division to the Governor's Office of Budget and Program Planning (OBPP) for review and approval. When approved, the Department of Institutions budget is included in the Executive Budget prepared by the OBPP.

After review by the OBPP the Department of Institutions' budget is given to the legislative appropriations subcommittee. The subcommittee compares the Department's budget, included in the Executive Budget, to a similar budget prepared by the Legislative Fiscal Analyst. Through negotiations, a final budget is arrived at by the legislative appropriations subcommittee. The budget, as agreed upon by the subcommittee, the Office of Budget and Program Planning, and the Department of Institutions is submitted to the legislature for final appropriations. Appropriations are made on a biennial basis by the legislature.

Budget modifications needed when the legislature is not in session are reviewed by the Office of Budget and Program Planning acting as an interim authority on behalf of the legislature.

E. Third Party Payments and Client Fees

Development of third party payment systems was a Division priority in FY 79. The 46th legislature passed SB 61 which made it mandatory that all insurance companies offer an optional plan for coverage of alcoholism and drug services. (See Appendix - Copy of SB 61). The Division will encourage major employers to include this option in their group insurance plans. The Division will also offer technical assistance to programs in explaining the packages offered by various insurance carriers and will assist programs in complying with reimbursement procedures.

It is anticipated that as counselor certification becomes fully implemented that some of the existing barriers to obtaining third party reimbursement will be diminished.

At this time, 16 alcohol programs and 2 drug programs bill clients for services utilizing a sliding fee schedule. The Division will continue to encourage all community alcohol and drug programs to develop client fees-for-service based on a sliding fee scale.

During FY 80, the Division will seek other sources of third party reimbursement by determining availability of Title XX and Medicaid funds.

F. Licensure, Certification Standards and Credentialing

1. Facilities

Alcohol service programs must be licensed by the Department in accordance with the standards and procedures for the operation of alcohol

facilities set forth in 53-24-208, M.C.A. Alcohol programs are approved or disapproved by the Department (ADAD) on an annual basis. A program must achieve and remain in approved status to qualify for state funding and county funds derived from the alcohol tax.

All alcohol and drug programs are evaluated annually. Facility standards have been included in the evaluation manual.

2. Certification

Draft counselor certification requirements for alcohol and drug counselors were established by ADAD with assistance from a statewide certification planning committee. The suggested standards are shown in Exhibits 6A - 6C. HB 844, which will be enacted in July 1979, gives the Department authority to certify counselors. Public hearings regarding the proposed standards will be held throughout the State during the upcoming year.

Certification is a central factor in the ADAD training system; training needs are assessed in relation to certification standards.

G. Special Emphasis Programs

1. Minorities

The racial distribution in Montana is 95.5% white with approximately 4.2% of the remainder being Native American. There are seven Indian Reservations within the state as well as substantial landless and urban Indian populations in major cities. The seven reservations all have comprehensive alcohol programs and there are three urban Indian alcohol and drug abuse programs within Montana. Reservation and urban Indian programs are funded by NIAAA, all urban programs and three of the reservations receive supplemental support from ADAD.

An area of concern within Montana is the need for provision of drug abuse services on Indian reservations. The Flathead Reservation submitted a grant application to the Division proposing to develop and provide drug abuse services to persons residing on the reservation, this proposal was forwarded to NIDA as part of Montana's Statewide Services Grant Application. Because of lack of reservation drug abuse services, tribal alcoholism programs are relied upon to also provide drug abuse services.

Problems typical of both on and off reservation Indians include solvent abuse and polydrug problems which nearly always involve alcohol.

Of fifteen mini-grants for drug abuse prevention awarded in FY 79 two were granted to reservations for drug education materials.

CERTIFICATION - CORE STANDARDS

Subject Area	Level 1 Certification		Level 2 Certification			Level 3 Certification		
	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experi (Yrs)
1. Individual Counseling	60	6	120	12	3	180	18	5
2. Group Counseling	60	6	120	12	3	180	18	5
3. Intra-personal Relations	30	3	0	0	3	0	0	5
4. Inter-personal Relations	30	3	60	6	3	90	9	5
5. Professional Standards	10	1	0	0	3	0	0	5
6. Interviewing	60	6	90	9	3	120	12	5
7. Client Assessment	30	3	90	9	3	120	12	5
8. Treatment Planning	30	3	60	6	3	90	9	5
9. Communication Skills	60	6	120	12	3	180	18	5
10. Family Counseling	60	6	120	12	3	180	18	5
11. Crises Intervention	30	3	90	9	3	150	15	5
12. Agency Interaction	10	1	30	3	3	60	6	5

CERTIFICATION - ALCOHOL SPECIALTY STANDARDS

Subject Area	Level 1 Certification		Level 2 Certification			Level 3 Certification		
	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Experience (Yrs.)
1. Prevention/Education	10	1	120	12	3	180	18	5
2. General Substance Abuse	10	1	30	3	3	60	6	5
3. Pharmacology	10	1	120	12	3	180	18	5
4. Physical & Psychological Effects of Alcohol	30	3	90	9	3	180	18	5
5. Dynamics & Functions of AA, Al-Anon, Alateen & other supportive services	10	1	30	3	3	90	9	5
6. Women's Issues	10	1	90	9	3	120	12	5
7. Client Management Planning	0	0	30	3	3	90	9	5
8. Minorities & Social Conditions	0	0	90	9	3	150	15	5

CERTIFICATION - DRUG SPECIALTY STANDARDS

Subject Area	Level 1 Certification		Level 2 Certification		Level 3 Certification		Experience (Yrs)
	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	Training (Clock Hrs.)	Education (Qtr. Hrs.)	
1. Prevention/Education	10	1	120	12	180	18	5
2. General Substance Abuse	10	1	30	3	60	6	5
3. Pharmacology	10	1	120	12	180	18	5
4. Physical & Psychological Effects of Drugs	30	3	90	9	180	18	5
5. Women's Issues	10	1	90	9	120	12	5
6. Client Management Planning	0	0	30	3	90	9	5
7. Dynamics & Functions of AA, Al-Anon, Alateen & other supportive services	5	$\frac{1}{2}$	30	3	0	0	5
8. Minorities & Social Conditions	0	0	90	9	150	15	5

2. Women

During the regional planning process, all regions indicated that women were underserved and should be considered a priority population. The Statewide Advisory Council also recommended that the Division continue to address women as a priority population. As reflected by data presented in the Needs Assessment Chapter, women make up approximately one fourth of Montana's drug (26%) and alcohol (22%) total treatment population.

The available information indicates that women may suffer from different kinds of chemical dependency problems than men. Women report problems resulting from the use of depressants (barbiturates, sedatives and tranquilizers) far more frequently than do men. Of the total admissions to Montana drug abuse treatment programs in 1978, 19% of the women entering treatment listed depressants as their primary drug of abuse whereas only 11% of the men indicated a problem with depressants.

It has also been suggested that women with alcohol or drug problems may be misdiagnosed as being "nervous" or "depressed" when they seek professional help for their problems. The result of such misdiagnosis may be a prescription for tranquilizers, which can compound chemical dependency problems.

As supported in the regional plans and from information gathered by the Women's Task Force on Substance Abuse, women have been determined to need services which place emphasis on physical and social conditions. Counseling aimed at specific women's issues must address life planning skills and role traditions. Counselors must be sensitive to women's issues and treatment services should be coordinated with other supportive groups and organizations to deal with the complexity of the problem.

Due to the relatively small number of women seeking treatment, there appears to be a need for outreach efforts especially geared to reaching women. Lack of child care services is seen as one deterrent for women seeking treatment. Fear of social stigmatization, particularly in Montana's smaller towns and rural communities, is a prime concern among women. Women living in isolated and remote areas of the state are also hindered from seeking counseling services.

The Statewide Task Force on Women and Substance Abuse, organized in FY 78 by the Director of the Department of Institutions in cooperation with the Alcohol and Drug Abuse Division, was continued in FY 79. (See Exhibit 7, List of Task Force members.) During the past year, the Task Force gathered information for the purpose of identifying unique needs of women who have problems resulting from the use of alcohol and drugs. The Task Force developed specific recommendations and action strategies in the areas of outreach, prevention and education, treatment and training, based upon the information they collected.

MEMBERS - WOMEN'S TASK FORCE ON SUBSTANCE ABUSE

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The recommendations presented by the Women's Task Force on Substance Abuse are as follows:

Outreach Strategies

(Early Identification and Referral)

1. A representative should be identified as an advocate for women who would be available to speak to community organizations, womens' groups, etc. on a statewide basis. This representative would develop a basic presentation for the purpose of mobilizing an early identification campaign aimed at women. The Task Force sees this as a priority recommendation and envisions this person as "a Betty Ford for Montana."
2. Due to the problems of the rurally isolated woman, statewide or regional "hot lines" and a post office box that protect the anonymity of the caller are recommended.
3. Development of a standardized "self help" package that could be distributed to the woman who is either unable (isolation) or unwilling (afraid) to seek traditional treatment services.
4. Because women often seek help from traditional health, mental health and social service systems, particularly at points of crisis, an educational presentation should be made available to these agencies to make them aware of their responsibility for early identification and referral for alcohol and drug abuse problems.

Prevention and Education

1. Prevention strategies should be aimed at the spouse and families of the chemically dependent woman.
2. Physicians, pharmacists, and nurses should be alerted that women are often misdiagnosed as being "nervous" or "depressed" when they seek professional help for their problems. The result of such misdiagnosis is often a prescription for tranquilizers, which can compound poly drug abuse problems. Also physicians should warn pregnant women of the "Fetal Alcohol Syndrome".
3. Crises intervention personnel should be educated as to the symptoms of alcohol and drug abuse.
4. Basic alcohol and drug education regarding the physical, psychological, and long term effects of alcohol and drug abuse specific to women should be delivered through the media.
5. Develop prevention packages which advocate positive life skills (how to deal with stress, etc.) for women.

6. The State Employee Assistance Program should designate women as a priority population and strive to educate employers as to problems encountered by women.

Enhanced Treatment Capacities

1. Existing treatment programs within the State of Montana should expand their services to meet the unique needs of women. Methods by which programs can focus on womens' needs are:
 - availability of women counselors who are sensitive to womens' needs.
 - all womens' groups should be offered whenever possible.
 - awareness of unique medical problems of chemically dependent women and appropriate referrals, should be made for medical evaluation.
 - all counselors should receive training specific to womens' issues.
 - arrangements for child care should be considered in program planning.
2. Programs should be encouraged to offer or arrange for the following services:
 - Career development counseling
 - Coping and survival skills (legal, financial, etc.)
 - Health maintenance (nutrition, fitness, etc.)
 - Exercises geared toward development of positive self image
 - Expose women to alternatives (recreational, vocational, etc.) which will assist in living without alcohol or drugs
 - Parent effectiveness training
3. The Task Force encourages the Alcohol and Drug Abuse Division to evaluate any grant applications which include services to women according to the above recommendations.

Training

The Task Force recognizes that training is an essential element in the success and quality of expanded treatment services for women. The Task Force feels it is crucial that all counselors receive training specific to womens' issues.

Counselors should be trained:

- To develop a thorough knowledge of the identification and treatment of poly-drug abuse among women.

- To become familiar with the current state-of-the-art in alcoholism and drug abuse treatment techniques.
- To become aware of the unique problems and needs of chemically dependent women and how they differ from men.
- To become aware of attitudes toward women in general and toward alcoholic or drug abusing women in specific without stereotyping this population.
- To learn the symptoms which may suggest chemical dependency problems in women.
- To provide treatment free of double standards, sex bias and differential attitudes.
- To learn to view the chemically dependent woman's needs in a comprehensive manner - one that is sensitive to the social, cultural, economic, familial, psychological and physical variable in each individual woman, and to develop a treatment plan based upon these complexities.
- To learn to develop treatment services which speak to the uniqueness of chemical dependency among women.

The policy statement adopted by the Womens' Task Force is on the following page:

WOMEN'S TASK FORCE ON SUBSTANCE ABUSE

Policy Statement

IT IS THE POLICY of the Women's Task Force on Substance Abuse to support the development of prevention and education strategies which address the problems of alcohol and drug abuse among women. These effects should have two orientations:

- The identification of precipitating factors of alcohol and drug abuse among women; and,
- The use of prevention strategies should be aimed specifically at women.

The State of Montana should encourage education and early intervention strategies which reduce the probability of the development of alcohol and/or drug abuse problems among women. Prevention efforts should strive to assist individuals in developing an attitude and consequently, behaviors which are responsible and appropriate regarding their use of alcohol and/or drugs.

The Alcohol and Drug Abuse Division should be encouraged to extend educational and training efforts to those agencies and individuals who may encounter women at points of crisis.

Agencies and treatment programs must be sensitive to the fact that women are not a homogeneous group. Prevention and education efforts must be designed to reach the various female populations within Montana.

IT IS THE POLICY of the Women's Task Force on Substance Abuse to support the development of effective outreach strategies for reaching women with substance abuse problems. An extensive effort is needed to reach the "hidden" and/or isolated woman alcoholic.

Training seminars, mass mailing and media campaigns should be undertaken to educate physicians, mental health and social service personnel as to the nature of alcoholism and drug abuse among women and to alert them to the warning signs which can indicate a substance abuse problem.

Alcoholism treatment programs should be encouraged to develop strong linkages to the agencies and individuals who serve as resources that are used by women. Referral mechanisms should be established which will allow for more appropriate treatment. Alcoholism agency personnel should work with the media to alert the public as to the problem of alcoholism among women and provide information as to where treatment services are available within Montana.

IT IS THE POLICY of the Women's Task Force on Substance Abuse to advocate that existing treatment programs within the State of Montana expand their services to meet the unique needs of women and new treatment programs should address that component when planning their services.

3. Youth

The data presented in the Needs Assessment suggest that the abuse of marijuana, alcohol and amphetamines rank highest among Montana's youth. Twenty-five percent (25%) of persons under the age of 17 admitted to drug treatment programs listed marijuana as their primary drug of abuse followed by alcohol at 24% and amphetamines at 32%. Of all admissions to drug programs in 1978, 31% were under the age of seventeen and over half (54%) of the client treatment population was under the age of twenty.

Admission data to statewide alcohol programs indicate that approximately 9% of the caseload consists of persons under the age of 20; however, 17% of clients admitted to DWI court school are under the age of 20. The DWI data suggests that DWI court schools are performing important intervention functions by forcing younger persons to confront problems directly associated with alcohol abuse; this is probably occurring before they would voluntarily seek information or treatment for drinking problems.

Community needs assessment and arrest data support the continued need to target alcohol and drug abuse prevention at the 20 and under age group.

During FY 79, the Division in coordination with the State Office of Public Instruction, completed alcohol education curriculum to be utilized in grades kindergarten through twelve. The curriculum will be distributed to schools by the Office of Public Instruction prior to the 79-80 school year. Montana's parochial schools will also use the curriculum. The curriculum is designed to allow the student to develop decision making and coping skills which can be used to make informed and rational choices regarding the use of alcohol.

It is planned that the curricula will be evaluated after two years, at which time the material will be revised to include drugs.

The ADAD training section offers a course entitled "Adolescence: Intervention Strategies." The course is designed to provide participants with a basic understanding of adolescent development (ages 12 - 18), and with the skills and knowledge necessary to deliver high quality services when working with youth. The course is intended to:

- develop a perspective on adolescents that encompasses an expanded group of behaviors in the "normative" ranges while respecting the uniqueness of each individual;
- make intervention decisions that are responsive to the developmental tasks of adolescence and that integrate relevant biological, psychological, and sociological influences;
- understand the impact of labeling and stereotyping when interacting with youth;

- increase self-awareness and appreciate the impact of one's own adolescent experience, values, and attitudes when working with youth;
- develop a conscious process and acquire increased skills in making intervention decisions with adolescents;
- conceptualize prevention and intervention issues in terms of facilitating the growth and development of the whole person as opposed to responding to "problems" such as drug abuse.

The Division contracted with the Child and Youth Development Bureau, State Department of Social and Rehabilitation Services, again in FY 79 to continue the work of the Statewide Youth Task Force. The Child and Youth Development Bureau delivered peer counseling workshops within Eastern Montana. The purpose of the workshop was 1) to develop a core group of competent peer counselor adult leaders representing a cross section of adult "counselors" found in communities throughout Eastern Montana and 2) to develop a core group of Eastern Montana youth who could work under the supervision of adult leaders in their respective communities to assist in implementing peer counseling programs.

The primary skills learned during the 20 hour course were:

- 1) One to One Relationship
- 2) Conversation Skills - Questioning
- 3) Conversation Skills - Listening
- 4) Non-Verbal Communications
- 5) Welcoming a Stranger
- 6) Approaching Adults
- 7) Decision Making and Values
- 8) Simulating Counseling
- 9) Family Concerns
- 10) Peer Relationship Concerns
- 11) Drug and Health Concerns
- 12) Sexual Concerns
- 13) Death and Dying Concerns
- 14) Communicating Sensitive Issues
- 15) Referral Resources and Confidentiality

It is anticipated that at least three programs will be developed and implemented throughout the state as a result of the workshops.

The Child and Youth Development Bureau and the Montana Board of Crime Control also published "Youth Needs in Montana - A Report of Survey Findings - February 1978." The survey was a self administered checklist of approximately sixty potential problems and needs which a young person could have. The categories used were: 1) Jobs/Employment, 2) Drugs, 3) Medical, 4) School, 5) Police and Courts, 6) Family/Neighborhood and 7) Recreation.

The questionnaire was administered to 1,777 youth attending grades 7-12 throughout Montana's public school system.

According to results of the survey it appears that the most serious problem which all youth noted was that entertainment and other recreational activities are too costly. It was a problem for 56.4% of the respondents, and 85.4% of those for whom it was a problem, said it happened more than once or twice. 70.3% considered it to be a somewhat or very serious problem.

The second most often cited serious problem deals with students not having any say in how schools are run. For those who see this as a problem, it has occurred for 81.8% more than once or twice and is considered somewhat or very serious by 75.9%.

Table 21 shows the percent of youth indicating that they are being hassled by other kids to use or buy alcohol; approximately 21% noted this as a problem. According to this survey the problem increases with age both in terms of the percent of youth involved and the frequency with which it occurs. Males and females encountered the problem with equal frequency (20.5% vs 21.3%).

Montana Board of Crime Control has funded a youth education and prevention project that currently provides one-half day of alcohol and drug instruction to six high schools (Browning, Cut Bank, Shelby, Sunburst, Valier and Conrad). Students voluntarily attend the courses during regular school class periods. The courses offer a non-structural environment with emphasis on involvement and open discussion. The Education/Prevention Coordinator of this project guarantees confidentiality and will soon be utilizing peer counselors in the program. The coordinator will also establish youth court schools in each of the four county seats. During the summer months, plans are underway to offer a summer course to area educators, which will attempt to give participants a better understanding of the alcohol and drug problems.

One of the Division's ongoing priorities has been the provision of alcohol and drug abuse services to offenders in the criminal justice system. The Swan River Youth Forest Camp Chemical Dependency Program has enrolled 60% of the youth camp residents since its initiation in September 1977. A major accomplishment during the past year was the initiation of a "wilderness program" at the Youth Camp. The wilderness program is based on the Colorado Outward Bound Program which is designed for correctional facilities. The wilderness program encompasses a highly structured discipline intended to create a caring and sharing therapeutic community through wilderness survival experience. This is an in-depth "alternative experience" designed to develop a sense of shared achievement for the participants.

Pine Hills School for Boys maintains an average population of approximately 102 boys. Statistics provided by the school indicate that approximately 70% of the average inmate population have had legal complications resulting from the use of alcohol and drugs.

The services provided at the correctional institutions include alcohol and drug education, therapy and counseling for inmates and supportive (aftercare) services for residents returning to their respective communities. Liaisons are also established through probation and parole.

TABLE 21

- BEING HASSLED BY OTHER KIDS TO USE OR BUY BEER OR ALCOHOL -

	FREQUENCY				SERIOUSNESS		
	YES	ONCE OR TWICE	SOMETIMES	VERY OFTEN	NOT SERIOUS	SERIOUS	VERY SERIOUS
<u>AGE</u>							
12	13.0%	26.7%	53.3%	20.0%	78.6%	7.1%	14.3%
	15	4	8	3	11	1	2
13	11.1%	36.1%	38.9%	25.0%	52.9%	29.4%	17.6%
	38	13	14	9	18	10	6
14	17.1%	50.0%	31.5%	18.5%	67.3%	28.6%	4.1%
	58	27	17	10	33	14	2
15	24.9%	28.1%	42.1%	29.8%	67.2%	20.7%	12.1%
	59	16	24	17	39	12	7
16	23.9%	23.5%	48.5%	27.9%	80.9%	14.7%	4.4%
	71	16	33	19	55	10	3
17	29.6%	26.3%	38.2%	35.5%	67.1%	18.4%	14.5%
	80	20	29	27	51	14	11
18	28.6%	37.9%	34.5%	27.6%	70.4%	18.5%	11.1%
	30	11	10	8	19	5	3
<u>SEX</u>							
MALE	20.0%	29.7%	39.9%	30.4%	72.0%	15.3%	12.7%
	170	47	63	48	113	24	20
FEMALE	21.3%	34.1%	40.8%	25.1%	67.3%	24.6%	8.2%
	183	61	73	45	115	42	14
TOTAL	20.6%	32.0%	40.4%	27.6%	69.5%	20.1%	10.4%
	353	108	136	93	228	66	34

Source: "Youth Needs in Montana: A Report of Survey Findings, February 1978"
 prepared by the Montana Board of Crime Control and Child and Youth
 Development Bureau

During FY79, the Flathead Reservation Alcoholism and Drug Abuse Center received funding from NIAAA for a youth ranch. The youth project was designed to provide a chance for teenagers to learn alternatives to alcohol and drug abuse. Placement in the program is short term, ranging from emergency shelter to the longest term of six months. Evidence of alcohol or drug problems are the basis for placement at the youth ranch.

4. Elderly

Statistics indicate that alcohol is by far the greatest drug of abuse among Montana's elderly coupled with the misuse of prescription drugs.

Program directors throughout the state agree that the elderly are a difficult population to reach. The Region I Alcohol and Drug Plan pointed out that senior citizen centers were once seen as the primary resource in reaching the elderly alcoholic; however, it appears that the serious elderly alcoholics are not utilizing these centers. Delivery of specific information and education to senior citizen groups have produced little or no new client activity.

Last year's Region IV Plan stated that the elderly would be designated as a target population for outreach efforts. It seems that their efforts may have been successful as forty-three percent (43%) of the elderly treated statewide were accounted for in Region IV programs; their outreach efforts have included presentations to nursing homes.

Needs among the elderly include alcohol education and information regarding misuse of prescribed drugs. Doctors, hospitals, nursing homes and home health agencies should be made more aware of the feasibility of treatment for the elderly alcoholic and alerted to the warning signs of misuse of prescription drugs.

A study done by Ronald J. Gaetano, R.Ph., and Betsy Todd Epstein R.N., "Drugs and the Elderly: Strategies and Techniques for Consumer Education" points out several common and potentially dangerous self medication behaviors among the elderly:

- 1) a lack of knowledge of the name or action of a particular drug;
- 2) a lack of knowledge of how a particular drug must be taken to be effective (chewed or swallowed whole, with or without food, etc.);
- 3) a lack of knowledge of what constitutes a side effect;
- 4) taking medicines irregularly because of lack of motivation, forgetfulness, expense, or self-determination of need;
- 5) "stretching" medicine to make it last longer than the period for which it was prescribed;
- 6) borrowing and lending medicines;

- 7) saving old medicines and tending to self-treat with these;
- 8) overdosage by the ingestion of duplicate medications prescribed by different physicians;
- 9) mixing different drugs in one container;
- 10) the inappropriate use of over-the-counter medicines.

During FY 80, the ADAD prevention section will assist community programs in developing educational packages which can be utilized in outreach efforts aimed at the elderly.

5. Rural Programs

The Alcohol and Drug Abuse Division perceives Montana as an almost entirely rural state. Montana's two major cities, Billings and Great Falls, both have populations of less than 100,000. Although these communities could be considered as metropolitan areas, both communities are service areas for large rural, agricultural populations. Clients seeking treatment in these cities often originate from a rural setting. Montana has a population of approximately 700,000 spread throughout 147,138 square miles, an average of five persons per square mile.

Programs which are effective in areas with even moderate populations cannot be operated cost effectively in the majority of Montana's counties. Processes which require cooperative implementation with established service providers are difficult to implement because of the lack of existing health services in many remote, rural areas. One difficulty in implementing programs in rural communities is the lack of ability to maintain an acceptable level of service utilization.

Because of vast distances between communities, resulting in a widespread service population, it is also difficult for programs to develop an awareness of services offered by various programs. This problem is also evident in efforts to generate local planning on a county or regional level.

Rural problems make basic planning, needs assessment and program implementation more time consuming and expensive in Montana than in urban or semi-rural states.

An objective in the FY 79 State Plan was to develop a formula to arrive at a "cost for space" allocation of funding for programs operating in sparsely populated areas of the state. The Division devised a formula to distribute tax monies on the following basis: eighty-five percent (85%) would be allocated according to the proportion of each county's population to the state's population and fifteen percent (15%) to be allocated according to the proportion to the county's land area to the state's land area. This formula was included in HB 844 which was enacted by the 46th Montana Legislature. The new formula gives sparsely populated counties and programs a more equitable share of liquor tax revenues.

As stated in the FY 79 State Plan, the Division views consolidation of service resources as a desirable means of reducing costs, increasing availability and accessibility of services and ultimately improving continuity of services. Therefore, it is the intent of the Alcohol and Drug Abuse Division to encourage the development of multi-county programs wherever feasible.

H. FY 80 Proposed Activities

The Division will continue to maximize third party reimbursement for alcohol and drug treatment and will encourage all providers to develop client fees based on clients' ability to pay. Meetings will be scheduled with staff of the Department of Social and Rehabilitation Services for the purpose of determining the possibility of receiving reimbursement from Medicaid and Title XX.

In response to the passage of SB 61, the Division will encourage all state agencies to include the optional coverage of alcohol and drug treatment services in their group health insurance plans.

The Division recognition and support of special populations will be continued as an important factor in alcohol and drug programming.

The ADAD will continue to assist and support alcohol and drug abuse programs located on reservations, or programs which admit predominantly Indian clientele. At least two mini-grants will be awarded to Native American projects. Staff from ADAD will coordinate with staff from the Montana United Indian Association (MUIA) for the purpose of identifying unmet needs of urban Indians and to share relevant statistical data for respective program planning. In response to a grant application from the Flathead Indian Reservation, documenting an overwhelming drug problem, the Division has requested forty (40) new outpatient drug free treatment slots from NIDA in the State's new Statewide Services Grant application.

To effectively identify and meet the needs of youth, the Division will continue to coordinate with the Department of Social and Rehabilitation Services, Child and Youth Development Bureau in implementing recommendations made by the Statewide Youth Task Force in their 1977 report "Statewide Recommendations for Substance Abuse Prevention, Education and Intervention."

Implementation of the alcohol curriculum (K-12) is a priority of all regions as well as a priority adopted by the Montana Advisory Council on Alcohol and Drug Dependency. It is planned that the Division's Prevention Section will assist the Office of Public Instruction and the Montana Catholic Conference in the implementation of the alcohol curricula at the beginning of the 1979-80 school year. Because the curricula, at this time, is voluntary one of the most important activities of the Prevention Section will be to mobilize community support for adoption of the curricula within local schools.

Based on information obtained from the youth Task Force and the fact that 25 % of admissions to drug programs are persons under the age of seventeen, a minimum of five mini-grants for prevention activities aimed specifically at youth will be awarded in FY 80.

As mentioned previously in this functional plan, the Division continues to view women as a priority population. Recommendations made by the Statewide Task Force on Women and Substance Abuse will be reviewed. Appropriate recommendations will be implemented as resources and funds become available.

The Division Training Section, in response to requests from alcohol and drug program personnel, will offer a course entitled "Womens Issues in Treatment" again in FY 80.

A "Drugs and the Elderly" education package has recently been developed by the National Institute on Drug Abuse. The Prevention Section will review this package and revise it as necessary for use by local programs. Technical assistance to community programs will be available from the Division's Prevention Section in developing prevention strategies and outreach efforts targeted at the elderly.

A programming problem faced by a rural, sparsely populated state such as Montana is that implementation and maintenance of community programs in vast, rural areas is more expensive than in more densely populated areas of the state. The Division views consolidation of services as a desirable means of reducing costs. As intended by HB 844, the Division will encourage development of multi-county programs.

I. FY 80 Work Plan - Administration

Objective 1 - To obtain maximum third party payments for alcohol and drug treatment services and to encourage alcohol and drug service providers to collect client fees for services based on a sliding fee schedule.

Method:

- a) Encourage all state agencies to include optional coverage for alcoholism and drug treatment in their group health insurance plans by July 1979.
- b) Meet with staff from Department of Social and Rehabilitation Services (SRS) to determine eligibility requirements of Medicaid reimbursement for alcoholics and drug addicts by July 1979.
- c) Meet with staff from SRS to discuss Title XX plan and possible inclusion of alcohol and drug treatment services by September 1979.

- d) Ensure that all intermediate care facilities have a policy for collection of client fees and monitor collection of fees through the new program expenditure and revenue reports beginning July 1979 - ongoing.
- e) Analyze the success of programs that have developed and implemented sliding fee schedules and encourage other service providers to require collection of client fees based on ability to pay by August 1979.

Objective 2 - To support special emphasis programs and to continue to assess the needs of special populations and design activities to meet those needs.

Method:

Minorities

- a) Continue to assist and support alcohol and drug abuse programs located on reservations or programs which admit predominantly Indian clientele - ongoing.
- b) Award at least two mini-grants for prevention to Native American projects by October 1979.
- c) Coordinate with the Montana United Indian Association (MUIA) for the purpose of identifying unmet needs of urban Indians - ongoing.
- d) Expand outpatient drug free treatment services (40 slots) to the Flathead Reservation by contracting with the Flathead Reservation Comprehensive Alcohol Program by July 1979.

Youth

- a) Continue to coordinate with the Department of Social and Rehabilitation Services, Child and Youth Development Bureau in implementing recommendations made by the Statewide Youth Task Force in their 1977 report "Statewide Recommendations for Substance Abuse Prevention, Education and Intervention".
- b) Implement alcohol curriculum (K-12) in state and parochial schools in coordination with the state Office of Public Instruction and the Montana Catholic Conference in the 1979-1980 school year - September 1979.
- c) Award a minimum of 5 mini-grants for prevention activities aimed at youth by October 1979.

Women

- a) Study recommendations made by Womens' Task Force on Substance Abuse and implement appropriate recommendations as funding and resources become available - ongoing.
- b) Continue to designate women as a priority population and develop treatment and outreach activities to meet their needs - ongoing. (See Treatment Section - Objective 10).
- c) Division Training Section to offer "Womens Issues in Treatment" during FY 80.

Elderly

- a) Develop a "Drugs and the Elderly" education package for use by community program by July 1980.
- b) Offer technical assistance to programs in outreach and prevention efforts aimed at reaching the elderly - ongoing. (See Prevention Section VII).

Rural

- a) Encourage development of multi-county programs in rural, sparsely populated areas of Montana by July 1979.
- b) Provide assistance to counties in development of multi-county plans by November 1979.

Objective 3 - Ensure that providers comply with reporting requirements and all other contract provisions.

Method:

- a) Enforce provider contract provisions which require the forwarding of program data by the 15th of the following month - ongoing.
- b) Monitor program goals and objectives on a quarterly basis - ongoing.
- c) Monitor provider requests for reimbursement to ensure completeness and that requested amounts are in line with contract provisions monthly.

II. PLANNING AND COORDINATION FUNCTIONAL PLAN

A. FY 79 Performance Report - Planning and Coordination

Objective 1 - To provide a comprehensive means of assessing the needs of Montana for substance abuse services and develop and update an Annual State Plan to meet identified needs.

A uniform regional planning format was developed by ADAD for use by regional planners prior to initiation of the planning process in January 1979. By utilizing a standardized regional planning format the Division was able to pinpoint similar areas of need and specific regional priorities. Public hearings were held in the various regions to allow more community input into the plans. The Statewide Advisory Council adopted state priorities based upon similar regional needs and priorities. (See Table 22 , Regional Priorities). ADAD work plans were developed to respond to regional and statewide problems and priorities.

A major accomplishment in FY 79 was the development and subsequent approval of Montana's first combined Alcoholism and Drug Abuse Plan. The ADAD is the designated Single State Agency for drugs as well as the State Alcoholism Authority and most staff perform functions specific to both; combination of the two annual plans has eliminated much duplication of effort in planning, writing and monitoring of the State Plans.

Objective 2 - Publish and distribute the Alcohol and Drug Abuse Division newsletter, "The Habit."

An agreement was formalized in July 1978 with an outside contractor for writing, editing and publication of the newsletter on a bi-monthly basis.

"The Habit" serves as a communication medium between the state office and local programs. Information regarding new films, publications and training events are included in each issue. Response to the newsletter has been favorable, as evidenced by many letters of support, and the distribution list has expanded considerably (approximately 500 recipients).

Objective 3 - To develop federal/state grant proposals for Division and provide technical assistance to local programs in developing grants/contracts.

The Division prepared and submitted the following grant/contract applications in FY 1979:

- 1) Proposal for continuation of NIDA's Statewide Services Contract for provision of drug abuse services to Region III and a request to expand drug services to the Flathead Indian Reservation. (funded)
- 2) Continuation application for NIAAA Uniform Grant (funded).

STATE NEEDS by REGION FY80

	REGION				
	I	II	III	IV	V
<u>Treatment</u>					
Half-way houses	X	X		X	X
Additional staff	X				
Stable funding	X			X	X
Miles City - fee for service	X				
Maintain existing services	X	X	X	X	X
Approval for Rocky Boy		X			
Sheltered care facility for women			X		
Non-medical detox				X	
Improved reimbursement for detox					X
Continuation of SMDP					X
Treatment services specific to women	X			X	X
Indian desk at ADAD					X
Funding for Indian programs			X	X	
Increased funding for Fort Peck	X				
<u>Prevention</u>					
Increased prevention material & resources	X	X	X	X	X
Implementation of curriculum	X		X	X	X
More ADAD leadership				X	X
Pilot 9th Judicial District Evaluation		X			
Prevention for special populations	X		X	X	X
Develop policy for schools	X				
Peer counseling	X				
Education of law enforcement personnel	X				
<u>Administration</u>					
Funding for sparsely population counties by ADAD	X				
Statewide fee for service schedule by ADAD	X				
Adequate funding for existing programs	X	X	X	X	X
Non-duplication of services			X		
Third party reimbursement			X	X	X
Investigate city cash flow problems				X	X
Financial management training		X		X	X
<u>Planning & Coordination</u>					
More cooperation between social service agencies	X	X		X	
Certification	X	X	X	X	X
More cooperation between existing programs			X	X	X
Better referral relationships with Galen			X	X	X
More coordination with VocRehab & Job Service				X	X
<u>Management Information Systems</u>					
Consolidate report systems			X	X	X
More training	X	X	X	X	X
Add drug data to AIS			X	X	X
Reduce turn-around time	X		X		
Program effectiveness		X	X	X	

	I	II	III	IV	V
<u>Research & Evaluation</u>					
No needs					
<u>Training</u>					
Develop counseling skills in dealing with youth	X			X	
Prevention/education training	X			X	X
Treatment skills	X			X	
Administration skills	X			X	
Integrated training schedule		X			
Training funds		X			
Inservice training between programs			X		
Training integrated with certification standards			X	X	
Training for volunteers				X	
Law enforcement training				X	X
Program evaluation workshops				X	X
<u>Criminal Justice Interface</u>					
Clarification of referral and enforcement process	X			X	
Improve court school reimbursement				X	
Mandatory court school referral				X	
Training for law enforcement	X	X	X	X	X
Increase court school referrals in Great Falls		X			
Maintain court schools		X			
Improve communication & cooperation with law enf.	X				
Training for DWI instructors	X				

- 3) State Manpower Development Program (NIAAA). (funded)
- 4) State Training Support Program (STSP) continuation application to NIDA (funded)
- 5) Proposal to Montana Board of Crime Control (MBCC) for continuation of alcohol and drug counselors within the state correctional institutions (funded).
- 6) Proposal to NIDA for funds to conduct prevention planning activities (funded).

Technical assistance was provided to several community programs in developing and submitting federal grant applications.

B. Coordination with other Agencies and Organizations

1. Coordination with Mental Health

Service coordination has involved local and regional agreements between community alcohol and drug programs and comprehensive community mental health centers. Agreements with mental health centers have involved reciprocal referral arrangements so that local mental health staff provide psychiatric evaluations of alcohol and drug abusing clients and community alcohol and drug program staff provide diagnosis of mental health client alcohol and drug abuse patterns as well as providing treatment alternatives.

To date, two community mental health centers have been issued "state-approval" for delivery of alcoholism services: Southwestern Montana Mental Health and Alcohol Program in Helena and Southcentral Montana Mental Health Center in Billings.

The Southwest Montana Mental Health and Alcohol Program provides alcoholism services to outlying communities in several counties throughout Region IV utilizing satellite centers.

Southcentral Montana Mental Health Center also provides alcoholism services in the Billings community. In 1978 the ADAD contracted with the Center to administer the Stillwater County Program in Columbus.

Administrators of the Alcohol and Drug Abuse Division and the Mental Health and Residential Services Division meet frequently to insure that a coordinated effort in planning for community based service delivery is an on-going process between the Divisions' staff. An example of this coordinated effort is in the planning and conducting of on-site program reviews. Evaluation sections of both Divisions have worked out a coordinated evaluation schedule so they can jointly evaluate community agencies providing both mental health and alcohol services. The Mental Health and Residential Services Division reports that Montana's community mental health centers provided services to an average of 115 alcohol abusers and 23 drug abusers each quarter of 1978.

2. State Labor Assistance Agency

At present, there is no formal state level coordination between the ADAD and labor assistance. There are, however, a variety of formal and informal arrangements between local treatment programs and local employment agencies.

The Statewide Services Contract, which established drug abuse services in Billings, contains provisions requiring that employment services be provided to clients in treatment. All future programs established through this contract mechanism will require the same provisions.

3. Department of Justice

A formal agreement exists between the Alcohol and Drug Abuse Division, Department of Institutions and the Law Enforcement Services Division of the Montana Department of Justice. The law enforcement detection laboratory in Missoula analyzes blood, urine and other body fluids submitted by law enforcement agencies and alcohol and drug programs throughout the state. The Alcohol and Drug Abuse Division contracts with the detection laboratory for analysis services because without the expert testimony and proof developed by the detection laboratory, Montana cannot enforce existing DWI laws.

Coordination with the Montana Board of Crime Control has resulted in cooperative funding of alcohol and drug abuse services for residents of three state correctional institutions.

The ADAD and the Montana Board of Crime Control have effectively shared planning information and statistical data in development of the Montana Comprehensive Plan for Criminal Justice Improvement and the annual State Plan for Alcohol and Drug Abuse.

DWI court schools were implemented in FY 78 and have been maintained throughout Montana as a joint effort of the Alcohol and Drug Abuse Division; the Highway Patrol Bureau, Department of Justice; and the Department of Community Affairs.

4. Vocational Rehabilitation

Utilization of vocational rehabilitation resources by alcohol and drug clients is limited by the nature of regulations and guidelines established for this agency. In the past year, 19 persons were referred to community alcohol and drug programs from Vocational Rehabilitation and 25 clients were referred to Vocational Rehabilitation by community programs.

5. Department of Education

Community programs work closely with local school systems in developing and implementing education and prevention services geared toward youth.

The ADAD Prevention Section has coordinated with the State Superintendent of Public Instruction and the State Board of Education in development of alcohol and drug curriculum to be used in grades Kindergarten through twelve. The curriculum will be introduced on a voluntary basis, by the Office of Public Instruction, during the FY 79-80 school year.

The ADAD utilizes colleges and universities throughout the state as locations for training events.

6. Health Systems Agency and State Health Coordinating Council

The Montana Health Systems Agency, Inc. (MHSA) serves the entire State of Montana. Because the MHSA functions as a single state health systems agency, the functional responsibility of the State Health Coordinating Council (SHCC) and the MHSA Executive Committee has been combined. A member of the SHCC has been appointed to serve on the State Advisory Council on Alcohol and Drug Dependency.

To facilitate planning, the Alcohol and Drug Abuse Division (ADAD) coordinates preparation of the annual alcohol and drug plan with the State Department of Health, Health Planning and Resource Development Bureau. Planning information is shared, as required, for development of the State Plan for Alcohol and Drugs and relevant components of Montana's State Health Plan. The Statewide Health Coordinating Council, as mandated by PL 93-641, will review the State Plan for Alcohol and Drugs. The SHCC's review of the State Plan will be conducted annually prior to federal review of the Plan.

The ADAD also assisted in preparation of the alcohol and drug abuse sections in the Health Systems Plan developed by the MHSA. Acting as resource persons, staff members from the ADAD participated in public reviews of the alcohol and drug components of the Health Systems Plan.

7. Montana Council on Alcoholism

The Montana Council on Alcoholism (MCA), a private, not for profit corporation, was formally established in October, 1978, upon receipt of a NIAAA Voluntary Resource Development Program seed grant. Efforts to establish a state voluntary agency were initiated in 1976 by a core group of Montana citizens concerned with maintaining an identity for the field of alcoholism separate from both drug abuse and mental health.

MCA is a state affiliate of National Council on Alcoholism (NCA), and act as a statewide voice for member alcoholism associations, boards, councils and concerned individuals.

Volunteer recruitment, training and placement within the established service network is perceived as a method of reducing the cost of services as well as improving the quality and broadening the scope of available services. Particularly in rural areas, volunteers can augment paid staff to make better services available to more persons without substantial increases in expenditures.

With a broadly based, representative consumer constituency, it is felt that MCA can be a credible voice for the alcoholism field in Montana in addition to government agencies and provider special interest groups.

C. Proposed FY 80 Activities - Planning and Coordination

Although the Division has had relative success in utilizing a regional planning process with subsequent development of regional alcohol and drug plans the legislature passed HB 844 which provides for individual county plans. (Section 8, HB 844). To implement this section of the law it will be necessary to establish criteria which counties can utilize to develop their plans. Planning aids and a refined uniform planning format, which meets state and federal criteria, will be completed for distribution to the counties by September 1979.

According to Section 8 of HB 844, the county plan must be approved by the Board of County Commissioners and must contain information regarding the current and future needs of the county for the treatment, rehabilitation and prevention of alcoholism. Also as stated in Section 8 of HB 844, "after June 30, 1980 no money may be distributed to a county by the department for the treatment, rehabilitation, and prevention of alcoholism if a county plan has not been approved by the department."

It is the intent of the Division, that county plans will also address drugs. The Division has been given authority to establish criteria for approval or disapproval of countywide plans.

Because Montana has fifty-six (56) counties, review and approval of county plans will be a time-consuming process. It is anticipated that in order to alleviate unnecessary duplication of effort, those counties wishing to develop multi-county plans will be encouraged to do so. Technical assistance in development of county plans will be available from the Division.

An ongoing function of the planning section is the development of proposals and grant applications for new and continued funding. The Division will actively seek available funds to further objectives of this state plan and will also provide technical assistance, upon request, to local programs in responding to federal grant applications and proposals.

Publication and distribution of the Division newsletter, "The Habit" is a function of the planning section. The newsletter serves as an important communication medium between the state office and community alcohol and drug programs. As in the past, the newsletter will be published and distributed on a bi-monthly basis.

D. FY 80 Work Plan - Planning and Coordination

Objective 1 - To provide a comprehensive means of assessing the needs of Montana for alcohol and drug abuse services and develop and update an Annual State Plan to meet identified needs.

Method

- a) Finalize the combined FY 80 State Plan and submit to NIAAA and NIDA by July 31, 1979.
- b) Establish planning criteria, and develop planning aids to be utilized in development of county alcohol and drug plans by September 1979.
- c) Establish review criteria and procedures for acceptance of county plans by December 1, 1979.
- d) Provide technical assistance to counties in development of plans upon request - ongoing.
- e) Ensure that all county plans are submitted to the Division by December 31, 1979.
- f) Review all county plans according to standardized review criteria and procedures by April, 1980.
- g) Coordinate and schedule input of performance documentation, cost data, and relevant statistical information required for State Plan by April, 1980.
- h) Utilize local/county priorities to develop statewide priorities by April, 1980.
- i) Prepare an annual plan draft for review by State Advisory Council, State Health Coordinating Council, community programs and general public by June 1, 1980.
- j) Prepare a final plan draft incorporating review findings and recommendations by July, 1980.
- k) Coordinate design and printing of annual state plan and submit to NIDA and NIAAA by July 31, 1980.

Objective 2 - To develop federal/state grant proposals for Division and provide technical assistance to community programs in developing federal grant/contract applications.

Method

- a) Write statewide services grant application for continuation of drug abuse services in coordination with Program & Development Bureau Chief and drug service providers. Submit to NIDA by January, 1980.

- b) Prepare and finalize application for continued funding for implementation of the Uniform Alcoholism and Intoxication Act. Submit to NIAAA by June 1, 1980.
- c) Assist in preparation of State Manpower Development Program grant application. Submit to NIAAA by March 1, 1980.
- d) Identify and prepare funding proposals for Division as deemed appropriate - ongoing.
- e) Provide technical assistance to community programs in developing federal grant/contract applications upon request - ongoing.

Objective 3 - Publish and distribute the Alcohol and Drug Abuse Division newsletter, "The Habit."

Method

- a) Formalize an agreement with an outside contractor for writing, editing, publication and distribution of newsletter by July 31, 1979.
- b) Ensure that "Habit" is published and distributed bi-monthly - ongoing.

III. TECHNICAL ASSISTANCE FUNCTIONAL PLAN

A. FY 1979 Performance Report - Technical Assistance

Objective 1 - To provide technical assistance as required and needed to all alcohol and drug programs in Montana.

A total of forty-eight (48) technical assistance visits were provided since July 1, 1978:

- 24 on-site visits were made to existing alcohol and drug programs based on deficiencies identified during on-site program evaluation.
- 8 on-site technical assistance visits were made to programs seeking initial "state approval".
- 16 on-site technical assistance visits were provided in response to special program requests.

As set forth in the FY 79 State Plan, the Technical Assistance Section Manager attended Rutgers University School of Alcohol Studies, June 25 through July 14, 1978. The purpose of ADAD participation in this program was to expand the quality of technical assistance available to community programs through knowledge of new trends in alcohol treatment and rehabilitation.

Objective 2 - To implement a uniform client recordkeeping system statewide.

The uniform recordkeeping system was pilot tested during FY 79. Revisions resulting from the test period have been completed and the new system will be implemented statewide in June. Training sessions have been scheduled and will be delivered on a regional basis prior to system implementation.

The new recordkeeping system meets all federal and state requirements, and no question is asked more than once. Included in the format are the intake interview, individual treatment plan, progress notes, follow-up form and 90-day assessment. The first page of the intake interview is the State Alcohol Information System admissions-discharge form.

Objective 3 - To provide the needed technical assistance interface as it pertains to data collection and recordkeeping.

Data collection procedures are an integral part of client record-keeping procedures. The format of the uniform client recordkeeping system has incorporated data elements from the state alcohol information system. To more fully explain the interrelationship between the data collection system and the client recordkeeping system technical assistance regarding the two systems was delivered concurrently whenever possible.

B. FY 1980 Proposed Activities

Two areas of specific need have been identified as a result of the regional planning process and the recent passage of HB 844:

- Technical assistance in obtaining third party reimbursement from insurance providers
- Technical assistance to counties and local governments in implementation of county alcohol and drug abuse plans.

The newly enacted insurance legislation, SB 61, mandates the availability of benefits in health insurance plans for the care and treatment of alcoholism and drug addiction. However, at this time, the coverage is optional to the consumer. The technical assistance section will develop an action plan to assist local programs in obtaining third party payments. Technical assistance will be available to community programs in determining benefits offered by each insurance company and their respective reimbursement procedures.

Passage of HB 844 provides for development of individual county alcohol and drug plans. Because counties have not, to this date, been responsible for planning and evaluating alcohol and drug services; technical assistance regarding these functions will be available from the Alcohol and Drug Abuse Division. The Division will develop and standardize criteria for development and approval of county plans. The technical assistance section will become familiar with these criteria and offer assistance to counties in complying with HB 844 and Division guidelines.

As discussed in the performance report, the uniform client recordkeeping system will be implemented statewide in June. A function of the technical assistance section will be to monitor the effectiveness of the system. A sampling of programs throughout the state will be used to monitor the system. In addition, the technical assistance section will coordinate with the Evaluation Section to determine any deficiencies with the system in response to information obtained during on-site program reviews.

Technical assistance regarding the system will be scheduled to correct identified recordkeeping problems.

If necessary the system will be revised before FY 1981 based on the information collected through sampling of community programs and information obtained from on-site program reviews.

Technical assistance to community programs will continue to be provided according to the following criteria:

1. Existing State-Approved Alcohol Programs

The ADAD will not schedule technical assistance visits to approved alcohol programs prior to a comprehensive on-site evaluation.

Programs in which deficiencies have been noted, as a result of evaluations, will be contacted and scheduled for technical assistance to help resolve weaknesses. If an approved program feels assistance is required prior to an evaluation it will be provided in any area of specific need upon written request.

2. Programs Seeking Initial State Approval

Due to the legislature's intent to limit the number of new alcohol programs, technical assistance will be offered primarily to single county programs that are proposing to become part of a multi-county or district program. Technical assistance will be available to programs that have lost their approval status or new programs that have clearly established that there is no duplication of existing services.

3. Drug Programs

Technical assistance to satellite centers of Southwestern Montana Drug Program (SMDP) and Montana State Prison Chemical Dependency Program is coordinated by SMDP's Director of Treatment and Rehabilitation and will be provided at a minimum of once per month. Technical assistance to Lighthouse, Rimrock Foundation and the proposed Flathead Drug Program will be provided upon written request or as determined to be appropriate by the Alcohol and Drug Abuse Division.

C. FY 1980 Work Plan - Technical Assistance

Objective 1 - To provide technical assistance as required and needed to all alcohol and drug programs in Montana.

Method

- a) To provide on-site technical assistance to 41 existing alcohol programs and 4 drug programs based on the results of on-site program reviews and focused on identified deficiencies. - Ongoing.

- b) To provide technical assistance to programs seeking approved status including single county programs forming multi-county districts, programs having an unapproved status, and new programs that have documented that no duplication of services exist - Ongoing, contingent upon request.
- c) To provide technical assistance in special areas; including: treatment planning, client recordkeeping, data collection, development of program goals and objectives, planning for and obtaining third party payments - Ongoing, upon request.

Objective 2 - To assist local alcohol and drug programs in obtaining third party payments pursuant to the newly enacted insurance legislation (SB 61).

Method

- a) To develop a thorough knowledge of SB 61 and to formulate an action plan for assisting alcohol and drug service providers in acquiring third party reimbursement by meeting with the Deputy Insurance Commissioner by July 1979.
- b) To meet with representatives of all major insurance companies to determine benefits offered by each company and to become familiar with their individual reimbursement procedures by August 1979.
- c) To offer technical assistance to local alcohol and drug programs in obtaining third party payments by explaining basic benefit packages of each insurance company and identifying limitations and specific reimbursement procedures by August 1979.

Objective 3 - To provide technical assistance to county commissioners and local government groups in development or implementation of county plans and assistance to the counties in determining appropriate and effective services.

Method

- a) Coordinate with planning section to become familiar with criteria for county plans by September 1979.
- b) Offer assistance in the above areas to counties upon request.

Objective 4 - To monitor the effectiveness of the uniform client record-keeping system and initiate corrective action as needed.

Method

- a) To monitor client files on-site in a broad sampling of community programs by December 1979.

- b) To coordinate with the Division's Evaluation Section in determining effectiveness of the recordkeeping system based on results of on-site program reviews - ongoing.
- c) Technical assistance and training will be scheduled to correct recordkeeping problems as determined by sampling procedure and deficiencies identified during program reviews - ongoing.
- d) To evaluate the overall effectiveness of the system and revise procedures, if necessary, by February 1980.

IV. TREATMENT AND REHABILITATION FUNCTIONAL PLAN

A. FY 79 Performance Report - Treatment and Rehabilitation

OBJECTIVE 1 - To contract with substance abuse service providers to ensure delivery of services in FY 79 by July 1, 1979.

The Department received grant applications requesting 2.7 million dollars for FY 1979, with budgets totalling 5.8 million, which exceeded available funds by approximately 1.5 million. Recommendations for funding of alcoholism services from alcohol tax monies were made by the grant review committee, the administrator of the Alcohol and Drug Abuse Division, the State Advisory Council and the Director of the Department of Institutions. The priority for funding in FY 79 was to maintain existing services and programs. The following contracts were awarded to service providers:

Service Providers

<u>Region I</u>	<u>Requested from ADAD</u>	<u>FY 79 Contracts</u>	<u>Recommended FY79 Contracts</u>
High Plains Council for District I	\$ 47,440	\$ 7,389	\$ 11,367
District II Alcohol Program	42,801	19,435	29,900
Tri-County - Baker	19,973	10,157	15,626
Custer County Alcohol Program	25,270	12,067	18,565
Rosebud County Alcohol Program	7,420	4,166	6,409
Frances Mahon Deaconess Hospital & Chemical Dependency Center	625,375	198,522	305,419
*Holy Rosary Hospital-Miles City	90,000	-0-	-0-

Region II

Medicine Pine Lodge(Blackfeet Program)	46,874	10,391	15,986
Fort Belknap Tribes	44,987	6,127	9,426
Hill-Top Recovery Center	152,309	34,609	53,245
Providence Alcoholism Center	150,728	29,594	45,529
*The Castle (Havre)	65,226	-0-	-0-

Region III

Rimrock Guidance Foundation	202,064	10,000	74,562
Alcohol & Drug Services of Central MT	45,526	15,201	23,386
Wheatland Family Services (Golden Valley, Musselshell)	37,684	22,470	34,570
*Big Horn County Alcohol Program	24,495		14,000**

	<u>Requested from ADAD</u>	<u>FY 79 Contracts</u>	<u>Recommended FY79 Contracts</u>
<u>Region III (con't)</u>			
*Day by Day Halfway House - Billings	79,473	-0-	-0-
South Central Mental Health Center/Stillwater Co.	31,225	5,500	5,500
*Northern Cheyenne	55,000	-0-	-0-
Sweet Grass Co. Foundation	13,053	9,784	13,053
Carbon Community Services	9,011	5,857	9,011

Region IV

SW MT. Mental Health Center & Alcohol Program	36,794	7,486	11,517
Amelia House - Helena	25,000	-0-	-0-
Lewis & Clark Alcoholism Prog.	37,775	19,836	12,022
Powell County Alcohol Program	38,349	19,331	29,740
Park County Problem Drinking Center	35,360	14,077	21,657
Butte Indian Alcohol Program	75,529	7,913	12,174
Department of Justice-DWI Lab	93,369	40,000	40,000

Region V

Ravalli County Chemical Dependency Program	19,953	5,727	8,810
Alcohol Service Center of Lincoln County	81,751	42,864	65,945
Sanders County Chemical Dependency Program	23,908	11,718	18,027
Alcohol Service Center-Kalis- pell	126,669	19,321	29,725
Flathead Alcohol & Drug Abuse Center	9,819	-0-	-0-
Alcohol Action, Inc.-Msla.	25,084	2,177	3,349
Regional Counseling & Educa- tional Development Pro- gram (Missoula)/Mineral County			
inpatient --	95,523	-0-	-0-
outpatient --	90,778	7,398	13,586
Missoula General Hospital	73,642	-0-	-0-
Missoula Indian Alcohol & Drug Program	53,887	13,354	20,545

* New Programs - not recommended for funding.

** Amount to be set aside (\$14,000) for contract 1/1/79

*** Not a state-approved alcoholism program.

Objective 2 - To determine need for transitional living facilities (halfway houses) and, if appropriate, recommend where these services should be established.

Due to the needs addressed in the FY 79 Region V Alcohol and Drug Plan, the detoxification unit in Kalispell was converted to a halfway house under the administration of Flathead Valley Chemical Dependency Program.

Day by Day Halfway House in Billings obtained a "state-approval" certificate from the ADAD during FY 79. Also approved last year was a halfway house in Missoula for Native Americans, administered by the Missoula Indian Alcohol and Drug Program.

Although the need for halfway houses was again pointed out in the FY 80 Alcohol and Drug Plans, funds have not been available for initiation of new programs. Because the intent of HB 844 is to leave planning for alcoholism services to individual county governments, the need for halfway houses and subsequent funding will have to be determined on a county by county basis.

Objective 3 - Develop methods to measure program effectiveness by June 1979.

The Division's Reporting and Evaluation Bureau has begun work on defining program effectiveness measures. Program effectiveness indicators are presently being determined by service modality based on information obtained during the regional planning process from all community programs.

The Reporting and Evaluation Bureau has contracted with the Department of Community Affairs, Information Systems Division (ISD) to revise the current alcohol management information system to include follow-up data and as part of the project to include development of computerized quarterly program effectiveness reports.

The ADAD Evaluation Section stressed program effectiveness during on-site reviews made during FY 79. Programs were encouraged to collect and analyze information obtained as a result of follow-up visits. In coordination with the Division's Technical Assistance Section a tracking form was developed to assist programs in gathering and documenting follow-up data until a standardized reporting form is initiated by the Division. Assistance was also provided to programs in analyzing client changes between admission, discharge and follow-up for the purpose of determining effectiveness of individual program activities.

This objective will be carried over to the FY 80 work plan.

Objective 4 - To continue to implement the Federal Funding criteria of a static caseload of 293 outpatient drug free clients and 10 residential drug free clients.

On July 31, 1978 the static caseload was 289, which met the projected

goal of 95% of funded treatment capacity. The ADAD negotiated and executed a contract with Rimrock Foundation for continuance of an outpatient drug free treatment component. Drug services continue to be offered throughout Region III by Rimrock Foundation.

Objective 5 - To implement the development of a self-evaluation package which will determine the success of Southwestern Montana Drug Program treatment services by August 1978.

The self evaluation design to determine the effectiveness of SMDP treatment services was developed during FY 79. SMDP clinical staff attended a meeting with the designer to suggest final content and structure revisions. The designer also attended an SMDP program meeting of clinical staff to present the entire evaluation package and to respond to questions about the system and its implementation.

Data collection and assessments of program effectiveness will be made during FY 80. The appropriateness of this evaluation format for other drug free outpatient programs in the state will also be considered.

Objective 6 - To increase the scope of treatment activities SMDP staff can use when treating drug abusers.

SMDP staff attended formal training sessions ranging from Adlerian Family Counseling to group therapy skill development and assertiveness training. Additional training topics included Reality Therapy, Divorce Counseling, Rape Seminar, and Focus on Womens' Issues.

The use of these therapeutic techniques was monitored by the SMDP Director of Treatment and Rehabilitation by review of individual client records, staff meetings and case reviews.

Program counselors also had available to them and made use of such equipment as sewing machines to teach parents to sew and repair childrens' clothes, and camping equipment for youth alternative activities.

SMDP also sent representatives from the clinical staff to the National Drug Abuse Conference in Seattle.

Objective 7 - To have working by July 1, 1978 a minimum of one half-time prevention/education specialist serving the SMDP catchment area.

The objective of having a half-time prevention/education specialist working out of the SMDP Regional Office has not been met. Difficulties encountered included identification of adequate funding and freeing up counselor time while maintaining goals related to static client caseload.

The prevention and education needs remain critical. The development of a half-time prevention and education specialist position will be an objective carried over to the FY 80 action plan.

Two of the SMDP funded clinics received \$1,000.00 prevention grants to be used for community-wide workshops aimed at specific target groups. These target groups were identified by SMDP drug abuse counselors in their work with program clients.

Objective 8 - SMDP to renegotiate and execute agreements with the following agencies and service providers by November 1, 1978.

- a) Lease agreements in Butte, Anaconda and Helena.

All lease agreements for facilities in Butte, Anaconda, and Helena were finalized.

- b) Medical services agreement with Dr. Seliskar, Dr. Good, Butte Family Services and all major hospitals in the SMDP catchment area.

Medical service agreements with Dr. Good and the Butte Family Service Center have been renegotiated and executed. Dr. Seliskar, the medical director of SMDP for the past six years resigned and SMDP is currently negotiating a contract with a physician in Butte to serve in this capacity.

- c) Psychological service agreements with Montana's Regional Community Mental Health Center.

Psychological Services Agreement with the Southwest Montana Regional Mental Health Center has been renegotiated and executed. This agreement is to provide for psychological and diagnostic evaluation of SMDP's clients and for psychological evaluation services to all SMDP treatment centers upon request.

- d) Affiliate agreements with Gallatin Council on Health and Drugs and the Regional Chemical Dependency Program in Missoula.

New contracts for FY 79 were renegotiated and executed with the Regional Chemical Dependency Program and the Gallatin Council on Health and Drugs for the provision of comprehensive outpatient drug free services in Missoula and Bozeman.

Objective 9 - To provide assistance through the ADAD Employee Assistance Program for troubled employees of Montana State Government, local government agencies and private business and industry within the state.

The ADAD continues to administer the Employee Assistance Program (EAP) for troubled state employees. The program offers counseling and referral services to state employees primarily within the Helena vicinity; personnel from state agencies not residing in this area are referred to local community programs.

The program offers assistance for personal problems relative to: medical and health, emotional difficulties, drug abuse, alcohol, legal, marriage, financial and family. During FY 79 the program offered assistance services to fifty (50) persons. (See Table 23).

The Division revised and updated an employee assistance policy statement which has been submitted to the Governor for final approval. The policy statement delineates procedures for handling troubled employees and will be disseminated to all state agencies.

Client data recording was initiated during the past year with a log being kept of all incoming hot line calls as well as confidential files on each person referred for assistance.

Several requests for information and assistance in developing management assistance programs within private businesses and municipal governments have been received by the Division. Some community programs throughout the state are negotiating contracts with local businesses.

It is expected that the role of the Employee Assistance Program will expand as more of these contacts develop into active working agreements between businesses and community programs.

Objective 10 - To continue specifically designed treatment and rehabilitation program for drug abusers and alcoholics that are recipients of federal Supplemental Security Income payments.

In 1977 the Alcohol and Drug Abuse Division entered into a contract with the regional Social Security Administration in Denver to provide monitoring of all current chronic alcoholics and drug addicts who are recipients of Supplemental Security Income (SSI) allowances provided under Title XVI of the Social Security Act.

The rationale for this project was the need for a qualified counselor to monitor, assist and develop positive recovery plans for these recipients with the goal being rehabilitation and the persons re-entry into the workforce. Monitoring of these clients is done by the Division's Employee Assistance personnel and includes coordination with the Social Security Administration, local vocational rehabilitation counselors, local alcohol and drug counselors, and other social service agencies in facilitating the client's treatment plan and recovery process.

Because the disability category no longer exists for the purposes of new enrollees, the caseload continues to drop as many clients have become eligible to receive benefits under other programs. The caseload at the beginning of FY 79 was thirty-seven (37) but has decreased to twenty-six (26).

TABLE 23
EMPLOYEE ASSISTANCE PROGRAM
Fiscal Year 1979

<u>Type of Problem</u>	<u>Number</u>	<u>Percentage</u>
Alcohol	16	32 %
Legal	9	18
Financial	4	8
Behavioral-Emotional	15	30
Drugs	1	2
Resource Information	<u>5</u>	<u>10</u>
	50	100%

Objective 11 - Continue to provide substance abuse services to residents of correctional institutions; Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison.

The Alcohol and Drug Abuse Division received supplemental funding from the Montana Board of Crime Control for the continuation of chemical dependency services within state correctional institutions. Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison are each staffed with a full time counselor who provides alcohol and drug abuse education, counseling and therapy for residents of these institutions. During 1978, services were provided to 119 residents.

Technical assistance to the prison chemical dependency programs is provided by the Director of Treatment and Rehabilitation of Southwestern Montana Drug Program.

B. State Capacities by Modality

Drug program treatment matrices, environments, modalities and current funding levels are listed below:

Program & Clinic Location	NIDA Slot Capacity	Environment	Modality
Southwest Montana Drug Program	budget total	(direct costs)	\$ 537,111
- Anaconda	38	Drug Free	Outpatient
- Butte	78	Drug Free	Outpatient
- Helena	58	Drug Free	Outpatient
- Bozeman	68	Drug Free	Outpatient
- Missoula	58	Drug Free	Outpatient
Lighthouse	budget total	(direct costs)	\$ 138,590
- Contracted to SMDP	10	Drug Free	Residential
- Uncontracted	5	Drug Free	Residential
Rimrock Foundation	budget total	(direct costs)	\$ 49,950.
	28	Drug Free	Outpatient
Flathead Reservation Comprehensive Alcohol and Drug Program	40 (proposed)	Drug Free	Outpatient 64,544

STATE OF MONTANA

C.

Alcohol Service Providers

REGION I

FRANCES MAHON DEACONESS HOSPITAL/
CHEMICAL DEPENDENCY CENTER
PO Box 4715
Glasgow AFB, MT 59231

Director: Harry Knowlton
Telephone: 524-6281

Detox, Inpatient Care

HIGH PLAINS COUNCIL FOR DISTRICT I
DISTRICT II PUBLIC ALCOHOL PROGRAM
Sheridan County Courthouse
Plentywood, MT 59254

Director: Vacant
Telephone: 765-2530

Outpatient

District I Satellite Offices

District I Alcohol Program
PO Box 852
Glasgow, MT 59230

Counselor: Barbara Pipe
Telephone: 228-9093

Phillips County Alcohol Program
PO Box 1414
Malta, MT 59538

Counselor: Barb Belcher
Telephone: 654-2005

Daniels County Alcohol Program
Courthouse
Scobey, MT 59263

Counselor: Gordon Cornwell
Telephone: 487-5091

Sheridan County Alcohol Program
Courthouse
Plentywood, MT 59254

Counselor: Vacant
Telephone: 765-2361

Services also provided: Wolf Point

Outpatient

District II Satellite Offices

Glendive Alcohol Satellite
Glendive Medical Center
Glendive, MT 59330

Counselor: Jack Pollari
Telephone: 365-5942

Sidney Alcohol Satellite
221 5th St. SW
Sidney, MT 59270

Counselor: Virginia Klein
Telephone: 482-4097

Services also provided: Circle, Terry, Wibaux

Outpatient

DISTRICT III ALCOHOL & DRUG PROGRAM
11 So. 7th St. - Executive Building
Miles City, MT 59301

Director: Doug Austin
Telephone: 232-6542

Outpatient

District III Satellite Offices

Rosebud Co. Alcohol Program
PO Box 251
Forsyth, MT 59327

Counselor: Ernest Fritz
Telephone: 356-2670

Services also provided: Hysham, Jordan, Baker, Ekalaka, Plevna

REGIONAL PREVENTION/EDUCATION COORDINATOR
PO Box 224
Forsyth, MT 59327

Bob MacConnell
Telephone: 356-7313

HOLY ROSARY HOSPITAL
2101 Clark
Miles City, MT 59301

Director: R. L. "Bud" Andersen
Telephone: 232-2540

Detox, Inpatient Care

FORT PECK TRIBAL ALCOHOLISM PROGRAM*
PO Box 307
Poplar, MT 59255

Director: Melvin Eagleman, Jr.
Telephone: 768-3852

NORTHERN CHEYENNE RESERVATION ALCOHOL PROGRAM*
Lame Deer, MT 59043

Director: Charles Bear Comes Out
Telephone: 477-6381

PINE HILLS SCHOOL FOR BOYS
CHEMICAL DEPENDENCY PROGRAM
Miles City, MT 59301

Counselor: Bob Fry
Telephone: 232-1377

Outpatient - Correctional Facility

REGION II

MEDICINE PINE LODGE
PO Box 426
Browning, MT 59417

Director: Margaret Kennedy
Telephone: 338-7178

Detox, Intermediate Care, Outpatient

FORT BELKNAP TRIBES ALCOHOL PROGRAM
Fort Belknap Reservation
Harlem, MT 59526

Director: Florence Cole
Telephone: 353-2205, ext. 233, 234

Detox, Intermediate Care, Outpatient

HILL-TOP RECOVERY CENTER
PO Box 750 - 1020 Assiniboine
Havre, MT 59501

Director: George Bowery
Telephone: 265-9665

Detox, Intermediate Care, Outpatient

Hill-Top Satellite Offices

PO Box 1384
Ft. Benton, MT 59442
(also serves Chester)

Counselor: Carol Richard
Telephone: 622-3625

350 O'Haire Blvd.
Shelby, MT 59471
(also serves Cut Bank)

Counselor: Jackie Severson
Telephone: 434-5002

Box 789
Chinook, MT 59523

Counselor: Joseph Johnson
Telephone: 357-2425

313 S. Main
Conrad, MT 59425

Counselor: Otto Kvaalen
Telephone: 278-7752

Outpatient

PROVIDENCE ALCOHOLISM CENTER
920 4th Ave. North
Great Falls, MT 59401

Director: Dick Baumberger
Telephone: 727-2512

Intermediate Care, Outpatient

CASCADE CO. ALCOHOL PROGRAM
1601 2nd Ave. North - Room 109
Great Falls, MT 59401

Director: Marcia Staigmiller
Telephone: 761-6700

Detox

ROCKY BOY TRIBAL ALCOHOLISM PROGRAM*
Rocky Boy Route
Box Elder, MT 59521

Director: Clifford Sutherland
Telephone: 395-2736

* Not an approved alcohol program

REGION III

RIMROCK GUIDANCE FOUNDATION
923 North 29th St.
Billings, MT 59101

Director: David W. Cunningham
Telephone: 248-3175

Detox, Intermediate Care, Outpatient

SWEET GRASS CO. FOUNDATION
PO Box 757
Big Timber, MT 59011

Director: Karen Clark
Telephone: 932-3611

Outpatient

BIG HORN COUNTY ALCOHOL PROGRAM
PO Box 223
Hardin, MT 59034

Director: Allen Strange
Telephone: 665-3542

Outpatient

CARBON COMMUNITIES SERVICES
PO Box 942
Red Lodge, MT 59068

Director: Vacant
Telephone: 446-2296

Outpatient

ALCOHOL & DRUG SERVICES OF CENTRAL MT, Inc.
PO Box 963
Lewistown, MT 59457

Director: Andy Anderson
Telephone: 538-8421

Outpatient

WHEATLAND FAMILY SERVICES
PO Box 633
Harlowton, MT 59036

Director: John Horton
Telephone: 632-4778

Outpatient

MUSSELSHELL COUNTY FOUNDATION
1202 3rd St. W. - PO Box 917
Roundup, MT 59072

Director: Kent Farr
Telephone: 323-1806

Outpatient

Golden Valley Foundation
PO Box 186
Ryegate, MT 59074

Counselor: Thelma Dickerson
Telephone: 568-2385

CROW DETOX PROGRAM
PO Box 537
Crow Agency, MT 59022

Director: Paul Spotted Horse
Telephone: 638- 2811

SOUTH CENTRAL MT ALCOHOL & DRUG PROGRAM
2712 Montana Ave.
Billings, MT 59101

Coordinator: Marge Self
Telephone: 252-5650

Outpatient

Satellite Office

STILLWATER COUNTY ALCOHOL PROGRAM
PO Box 238
Columbus, MT 59019

Director: Dr. Phillip Russell
Telephone: 322-5834

Outpatient

DAY BY DAY,
928 North 30th
Billings, MT 59101

Director: Robert Kelleher
Telephone: 252-8521

Intermediate Care/Transitional Living

REGION IV

SOUTHWESTERN MT ALCOHOLISM SERVICES
801 North Last Chance Gulch
Helena, MT 59601

Director: Jim Scott
Telephone: 442-0310

Outpatient

Satellite Offices

Southwestern Alcoholism Services
801 North Last Chance Gulch
Helena, MT 59601

Counselor: K. M. Roberts
Telephone: 442-8831

Bozeman Problem Drinking Center
Room 316 - 1st National Bank Bldg.
Bozeman, MT 59715

Counselor: Chuck Heath
Telephone: 586-5493

Dillon Alcohol Services
State Bank & Trust Building
Dillon, MT 59725

Counselor: William Dratz
Telephone: 683-4305

Madison Co. Alcohol Program
Ennis, MT 59729

Counselor: Marilyn Blair
Telephone: 682-7190

Broadwater Co. Alcohol Services
214 Broadway
Townsend, MT 59644

Counselor: Tom Kindrick
Telephone: 266-3411

Jefferson Co. Alcohol Services
301 South Elder - PO Box 602
Boulder, MT 59632

Counselor: Barbara Couch
Telephone: 225-3337

Services also provided: Whitehall & White Sulphur Springs

Outpatient

PROBLEM DRINKING CENTER OF PARK COUNTY
414 E. Callendar
Livingston, MT 59047

Director: Bill Devine
Telephone: 222-2812

Outpatient

ALCOHOLISM SERVICE OF ANACONA/DEER LODGE COUNTY
600 Oak, Community Hospital
Anaconda, MT 59711

Director: Vern "Brick" Clausen
Telephone: 563-6601

Outpatient

POWELL COUNTY ALCOHOLISM CENTER
309 Missouri
Deer Lodge, MT 59722

Director: Paul Miller
Telephone: 846-3442

Outpatient

COMMUNITY ALCOHOLISM SERVICES
220 North Alaska
Butte, MT 59701

Director: Marcella McGeever
Telephone: 792-2341

Outpatient

BUTTE INDIAN ALCOHOL PROGRAM
2 East Galena
Butte, MT 59701

Director: Ozzie Williamson
Telephone: 792-0461

Outpatient

LEWIS & CLARK ALCHOLISM PROGRAM, Inc.
410 9th Ave.
Helena, MT 59601

Director: Jo Kaste
Telephone: 443-2343

Outpatient

Satellite Office

Teton Co. Alcohol & Drug Abuse Services
PO Box 1201
Choteau, MT 59422

Counselor: Lou Loughnan
Telephone: 466-2171

Outpatient

CARE UNIT
Silver Bow General Hospital
Continental Drive
Butte, MT 59701

Director: Robert Farren
Telephone: 723-4341

Detox, Inpatient Care

GALEN STATE HOSPITAL AT&R
Rt. 1, Galen
Deer Lodge, MT 59722

Director: Robert Ockler, Acting
Telephone: 693-2281

Detox, Intermediate Care

MONTANA STATE PRISON
CHEMICAL DEPENDENCY PROGRAM
Deer Lodge, MT 59722

Counselor: Robert McKinnon
Telephone: 846-1320

Outpatient - Correctional Facility

REGION V

MISSOULA ALCOHOL SERVICES
704½ Kensington,
Missoula, MT 59801

Director: Rowan Conrad
Telephone: 728-7712

Outpatient

Satellite Office

Mineral Co. Alcohol Services
PO Box 745
Superior, MT 59872

Counselor: Jeannie Hankinson
Telephone: 822-4961

Outpatient

RAVALLI CO. CHEMICAL DEPENDENCY SERVICES, Inc.
PO Box 902
Hamilton, MT 59840

Director: Ed Shepherd
Telephone: 363-3060

Outpatient

MISSOULA INDIAN ALCOHOL & DRUG PROGRAM
401 W. Railroad
Missoula, MT 59801

Director: Luana Paul
Telephone: 721-2700

Outpatient, Transitional Living/Intermediate Care

FLATHEAD ALCOHOLISM & DRUG ABUSE CENTER
PO Box 270
Ronan, MT 59860

Director: Rose Kugler, Acting
Telephone: 676-0596

Detox, Intermediate Care, Outpatient

ALCOHOL SERVICE CENTER OF LINCOLN COUNTY
PO Box 756
Libby, MT 59923

Director: Royce Gilbertson
Telephone: 293-7731

Outpatient

Satellite Offices:

Methodist Church
Main Street
Troy, MT 59735

Counselor: Kenneth Janicke
Telephone: 295-4135

City-County Bldg.
Eureka, MT 59417

Counselor: Karen Lamey
Telephone: 296-2822

Outpatient

FLATHEAD VALLEY CHEMICAL DEPENDENCY SERVICES
944 S. Main
Kalispell, MT 59901

Director: Ken Anderson
Telephone: 755-6453

Intermediate Care/Transitional Living
Outpatient

Telephone: 755-1690

MISSOULA GENERAL HOSPITAL
300 N. Second Street
Missoula, MT 59801

Director: Melvin Johnson, M.D.
Telephone: 542-2191

Detox, Inpatient Care

SANDERS COUNTY CHEMICAL DEPENDENCY PROGRAM
PO Box 940
Thompson Falls, MT 59873

Director: Dennis Maercklein
Telephone: 827-4241

Outpatient

SWAN RIVER YOUTH FOREST CAMP
CHEMICAL DEPENDENCY PROGRAM
PO Box 99
Swan Lake, MT 59911

Director: John Brekke
Telephone: 754-2292

Outpatient - Correctional Facility

D.

DRUG SERVICE PROVIDERS

SOUTHWESTERN MT DRUG PROGRAM
Administrative Office
Department of Institutions
1539 11th Ave.
Helena, MT 59601

Phone: 449-2827
Administrative Director: Darryl Bruno

Regional Office
64 W. Broadway
Butte, MT 59701

Phone: 723-6519
Director of Treatment &
Rehabilitation: Dick Rice

Satellite Offices

CHANGES
64 W. Broadway
Butte, MT 59701

Phone: 723-6519
Director: Bob Butorovich

PLACER STREET
Helena Drug Treatment Center
19 E. Placer
Helena, MT 59601

Phone: 449-2524
Director: Glenn Harwell

OPEN DOOR
307 E. Park, Suite 209
PO Box 758
Anaconda, MT 59711

Phone: 563-5248
Director: Martin Dunn

MISSOULA DRUG TREATMENT PROGRAM
910 Kensington
Missoula, MT 59801

Phone: 721-2032
Director: Susan Rangitsch

GALLATIN COUNCIL ON HEALTH & DRUGS
PO Box 1375
Bozeman, MT 59715

Phone: 587-1238
Director: Paul Peloquin

LIGHTHOUSE
Residential Drug Treatment Center
Rt. 1 - Galen
Deer Lodge, MT 59722

Phone: 693-2281 ext. 3265
Director: John Weida

RIMROCK GUIDANCE FOUNDATION
923 North 29th Street
Billings, MT 59101

Phone: 248-3175
Director: David Cunningham

Drug abuse treatment services are also provided in Montana State Prison, Swan River Youth Forest Camp and Pine Hills School for Boys. See alcohol service provider list for address, etc.

E. FY 80 Proposed Activities

1. Alcohol Programs

Due to the change in liquor tax distribution, the priority this year will be to fund programs/counties that do not have sufficient operational funds as a result of HB 844. The Department will distribute its discretionary monies on a contract-for-services basis to programs severely impacted by the new funding formula. The Department's discretionary monies will be distributed in September after all counties have obligated their liquor tax monies. In rural areas of the state multi-county programs will be given funding priority.

The regional plans which delineated treatment needs and priorities of each region were reviewed by the ADAD and the State Advisory Council. All regions named maintenance of existing services as their top treatment priority.

Program effectiveness continues to be a commonly expressed concern at local and regional levels. In accord with the FY 79 State Plan the Division will continue to stress documentation of follow-up information at the program level. Program effectiveness indicators, by service modality, will be developed for the purpose of evaluating client changes which occur as a result of participation in a treatment program. Also planned for FY 80 is the revision of the existing alcohol reporting system to collect standardized follow-up information. An integral part of the reporting system revision will be to develop the capability to generate quarterly effectiveness reports by program and service modality.

2. Drug Programs

An objective of the Alcohol and Drug Abuse Division is to continue implementing the Federal Funding Criteria with a static caseload of four hundred (400) outpatient drug free clients and ten residential drug free clients. By operating at full capacity, requests for more funding from the State legislature can be more strongly justified as can the need for additional treatment slots.

Technical assistance visits to drug programs by ADAD staff will stress methods by which to identify high risk populations and successful outreach and intervention techniques.

A priority of drug treatment programming during FY 80 will be to convert the Southwestern Drug Program (SMDP) to part of the statewide services grant program. The Division anticipates that conversion of the SMDP grant will enable the Division to expand drug treatment services to the presently unserved area of the state, Region II. In accord with the Montana Health Systems Plan, ("Drug programs and alcohol programs should be combined. These programs should be substance abuse or chemical dependency programs"), the Division will contract with an existing alcohol program in Region II for the development and delivery of outpatient drug free treatment services.

The Alcohol and Drug Abuse Division plans to continue delivery of drug abuse services in Region III by continuing to contract with Rimrock Foundation in Billings and to extend drug treatment services to the Flathead Indian Reservation by contracting with the Flathead Area Comprehensive Alcohol Program for development of a drug abuse services component.

As drug services are expanded to other areas of the state the need for residential treatment services will become increasingly important. Montana presently has only one residential treatment center, Lighthouse Residential Treatment Center located in Galen, Montana. An objective of the Division is to make new outpatient drug treatment centers aware of Lighthouse's services and to encourage referrals from all areas of the state.

3. Special Programs

The Employee Assistance Program policy statement which delineates procedures for handling troubled employees will be distributed to all state agencies. ADAD employee assistance staff will continue to train administrators and supervisors to be aware of problems with alcohol and drug abuse, particularly early stages of alcoholism. Administrators and supervisors will also receive training in the procedures to be followed when referring a troubled employee. An effort will be made to emphasize the rights of the troubled employee and to ensure that those rights are not compromised in terms of job security and promotional opportunities.

The Division's EAP staff plans to meet with various state agencies in July 1979 to encourage insurance coverage for alcoholism and drug dependency treatment in all state agency insurance plans.

The EAP staff will continue to offer assistance to businesses or municipal governments interested in establishing occupational programs for employees.

As recommended by the Womens' Task Force on Substance Abuse, EAP will designate women as a priority population during FY 80. Training of administrators and supervisors will be structured to address the unique problems of women.

The ADAD Employee Assistance program will continue to address the need for rehabilitation of Supplemental Security Income (SSI) recipients who have been referred to the program by the Social Security Agency.

4. Prison Programs

The Division, in coordination with the Montana Board of Crime Control, will continue to assist in the support of alcohol and drug programs

located within correctional institutions. Technical assistance will be provided to these programs by ADAD. On-site evaluations of these programs will be conducted annually.

5. Women

During FY 80, the Division will continue to emphasize the treatment needs of women. Although in 1977 Montana maintained a one-third female to two-third male client ratio, the number of women being admitted to statewide drug treatment programs was only one-fourth of the total treatment population in 1978.

In response to the decreased number of women in treatment, an objective of the Southwestern Montana Drug Program (SMDP) is to increase the number of women drug abuse clients that enter treatment and subsequently complete their treatment plans.

Outreach efforts will be aimed at reaching female alcohol and drug abusers. Technical assistance from ADAD will be available to community programs in developing funding proposals for submission to NIAAA and NIDA for projects and activities specific to women. Community programs are encouraged to become familiar with recommendations made by the Statewide Task Force on Women and Substance Abuse.

F. FY 80 Work Plan - Treatment and Rehabilitation

Objective 1 - Contract discretionary funds to alcohol service providers in counties that have been negatively impacted by HB 844's distribution of liquor tax funds.

Method:

- a) Determine which counties and programs do not have sufficient operational funds as a result of HB 844 by August 1979.
- b) Distribute department discretionary money on a contract-for-services basis to assist programs severely impacted by HB 844 by September 1979.

Objective 2 - Determine program effectiveness by program and service modality by June 1980.

Method:

- a) Finalize program effectiveness indicators

- b) Continue to stress need for documentation of follow-up data at the community program level through on-site program reviews - ongoing.
- c) Implement standardized follow-up forms in all state approved programs by February, 1980.
- d) Generate quarterly program effectiveness reports, from revised alcohol reporting system beginning June 1980.

Objective 3 - To convert the Southwestern Montana Drug Program (Federal grant #5H80 DA 10108) to part of the ongoing statewide Services grant by February 1, 1980.

Method:

- a) Request permission from NIDA grants management to convert by July 1, 1979.
- b) Detail plans and procedures for establishing new treatment centers in other areas of the state in NIDA's Statewide Services Grant RFP - due January 1980.
- c) Contract with an existing alcohol program for provision of comprehensive drug treatment services in Region II by March, 1980.
- d) To assist Rimrock in preparing contract proposal for NIDA, Statewide Services Grant for the purpose of continuing services offered to drug abusers in Region III.

Objective 4 - Continue to implement the Federal Funding Criteria for a static caseload of 400 outpatient drug free clients and 10 residential drug free clients.

Method:

- a) Have in treatment a static caseload of 358 clients by December 31, 1979.
- b) Have in treatment a static caseload of 378 clients by January 31, 1980.
- c) Have in treatment a static caseload of 410 clients by April 30, 1980.
- d) Provide technical assistance to all state and federally funded drug free treatment programs in the areas of identification of high risk target populations such as women and families under stress, successful outreach and community intervention strategies - ongoing.
- e) Provide technical assistance to all drug abuse programs focused upon meeting the State Standards for drug abuse treatment and federal training criteria as outlined in the Evaluation Handbook for Alcoholism Treatment, Drug Abuse and Community Mental Health Programs - quarterly.

Objective 5 - Continue to monitor and enforce state and federal requirements that all appropriate drug abuse treatment clients be referred to community support resources for assistance in planning and developing educational and vocational opportunities and for appropriate psychological services and residential care.

Method:

- a) On-site evaluations of individual client records at least quarterly.
- b) ADAD will make available to programs selected SMDP clinical staff who are successful and experienced in developing community referral networks - ongoing.

Objective 6 - Increase the total number of referrals to the Lighthouse residential drug free program from throughout Montana.

Method:

- a) Increase the availability of outpatient drug free services to areas of the state presently without such services, thus bringing clinical staff into contact with drug abusers needing clinical care - (See Objective 3).
- c) Disseminate to all alcohol and drug treatment providers information and printed material explaining the services and availability of the Lighthouse program by September 1979.

Objective 7 - To provide assistance through the ADAD Employee Assistance Program for troubled employees of Montana State Government and to provide assistance in occupational programming to municipal governments, private industry and business throughout the state.

Method:

- a) Seek funding from NIAAA to augment existing EAP for State of Montana by November 1, 1979.
- b) Designate women as a priority population in FY 80 and structure training to address unique problems of women by July 1979.
- c) To disseminate employee assistance policy statement to all state agencies by October 1, 1979.
- d) To provide training and assistance to municipal governments, private industry and community programs requesting information about occupational programming - ongoing.
- e) Encourage insurance coverage for alcoholism and drug dependency treatment in all state agency insurance plans by July 1979.

- f) Continue to provide assistance to a minimum of sixty (60) troubled employees - ongoing.

Objective 8 - To continue specifically designed treatment and rehabilitation program for drug abusers and alcoholics that are recipients of federal Supplemental Security Income payments (SSI).

Method:

- a) Quarterly contact with each client to determine alcoholism treatment needs - ongoing.
- b) Reports to the Social Security Administration on client progress - quarterly.
- c) Develop procedure for referrals from one state to another for SSI clients by July 30, 1979.

Objective 9 - Continue to maintain and upgrade alcohol and drug services in the correctional institutions at Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison.

Method:

- a) Contract with administrative agencies for continued services at Pine Hills School for Boys and Swan River Youth Forest Camp by January 31, 1980.
- b) Continue to provide supervision of the alcohol and drug counselor at Montana State Prison - ongoing.
- c) Conduct on-site evaluations of the correctional institution chemical dependency programs - annually.
- d) Provide technical assistance to correctional institution chemical dependency programs upon request or as deemed necessary- ongoing.

Objective 10 - Continue to focus on the treatment needs of women

Method:

- a) Continue to work with the Statewide Task Force on Women and Substance Abuse to identify needs and resources - ongoing.
- b) Provide technical assistance to programs in an effort to develop funding proposals for submission to NIAAA and NIDA for projects and activities specific to women - ongoing.
- c) Increase the number of drug abuse clients (women) that complete their treatment plan as reported on client discharge forms - by July 1980.

- d) Increase the number of women in drug and alcohol programs through outreach efforts aimed at reaching female alcohol and drug abusers by July 1980.

V. MANAGEMENT INFORMATION SYSTEMS FUNCTIONAL PLAN

A. FY 79 Performance Report - Management Information Systems.

Objective 1 - Continue to manage and maintain client reporting and Management Information Systems of all substance abuse programs; including the Client oriented Data Acquisition Process (CODAP), the Alcohol Information System (AIS), the National Drug Abuse Treatment Utilization Survey (NDATUS) and the State Alcohol Profile Information System (SAPIS).

The ADAD continued to receive, edit and validate CODAP information from all statewide drug programs. CODAP information is forwarded to NIDA in an accurate and timely manner. All tasks related to participation in the National Drug Abuse Treatment Utilization System (NDATUS) were accomplished within the time frames designated by NIDA.

In response to a legislative audit report, streamlining of the alcohol information system to reduce turn-around time and improve data availability was initiated through a contract with Information Systems Division, Department of Administration in January 1979. Staff of the Information Systems Division, in coordination with ADAD staff, will completely review the existing system. Changes will be made as funding is available. (See Appendix C - Audit report).

Incoming data from the CODAP and AIS systems are analyzed utilizing the Statistical Package for the Social Sciences (SPSS) computer package. Use of SPSS allows the Division to do special data and trend analysis. The management information section also continued to generate and distribute monthly output reports for state and local level program management.

Technical assistance and training were offered to help community program personnel meet all reporting requirements and to ensure accurate information.

Objective 2 - Develop timely and improved data output reports (CODAP & AIS) for state and program management.

Experience gained from operating the statewide alcohol reporting system has indicated problem areas exist which require excessive manual intervention and delay return of processed data to reporting programs. The entire AIS system is currently being reviewed with the intention of reducing turn-around time. It will also collect additional information needed for program effectiveness indicators. The new system will also be designed to reduce manual processing through use of more sophisticated computer editing.

SPSS has proved very useful for both state and program level applications but the historical file of alcohol information is approaching 20,000 cases and the costs, per run, must be considered when reports are generated. To reduce costs currently associated with routine or redundant reports, the anticipated report system will generate expanded monthly and quarterly reports which contain the information usually requested by treatment pro-

grams for management and financial reports. This will allow the SPSS analysis to be reserved for non-routine inquiry.

Objective 3 - Continually modify and update CODAP and AIS to ensure systems are meeting federal, state, and local needs.

The AIS Monthly Summary Report was revised during FY 1979. Further revision of report format, content, and instructions will be completed after the automated system has been modified and supportive supplementary information needs are better understood.

During FY 79 the alcohol reporting system was modified to collect DWI information to include client demographic data and educational (prevention) workload for individual programs.

B. Description of Systems

The Division maintains two separate reporting systems, the AIS for alcoholism programs and CODAP for drug programs. Both systems are run by 2.5 FTEs in the Management Information Section of the ADAD.

The management information system is an integral part of ADAD program operation. ADAD recognizes that reliable statistical data is essential for effective program planning, management and evaluation.

The SPSS computer package is used for special data and trend analysis of both AIS and CODAP information. The statistical package also allows the ADAD to respond to specific requests for data comparisons which can be conducted in a timely manner with minimal consumption of staff time.

C. Utilization of Data

Data pertaining to the incidence and prevalence of drug and alcohol use and resultant problems within Montana have been collected from several sources. The most detailed analysis of drug and alcohol treatment data available to the Division is based upon the Client Oriented Data Acquisition Process (CODAP) and the statewide Alcohol Information System (AIS). The state office also utilizes the Statistical Package for the Social Sciences (SPSS) to aid in retrieval and analysis of CODAP and AIS data.

CODAP and AIS data is used to determine levels of service utilization, characteristics of Montana's treatment population and, along with other available information, to identify specific areas of need. The information is used to determine allocation of NIDA treatment slots and is the basis for management and planning at three levels; clinic, program, and state.

The Division also relies on hospital admission data, crime and arrest data, and other sources of information for indicators of drug and alcohol related problems. Data available to the Division is used for the following purposes:

- To provide the state office with standardized statistical information essential for policy-making and decision-making for efficient program management, planning and evaluation.
- Provide local service providers with reports about client caseload characteristics, information about client population and program activity information.
- Provide data comparing all programs on a statewide basis using a standardized procedure.
- To assist the state office in assessing the need for additional services.
- To assist in the evaluation and management of existing programs.
- To respond for requests for information.

Planning

In preparation of the annual state plan, managers of each section within the ADAD drafted proposed goals, objectives and action steps specific to the function of each section. The action plans are based upon needs determined from regional plans and statistical data presented in the "Needs Assessment" chapter of this plan.

Basic descriptive data about each client is collected from the AIS and CODAP systems. These data are analyzed to determine trends in programs' client population and to ascertain whether needs of special populations are being met. Based upon identification of high risk populations, prevention and treatment activities are targeted at high risk or underserved groups.

Monitoring & Evaluation

MIS data is also used to monitor and evaluate treatment programs. The Division examines reasons for discharge from Montana's community treatment programs for the purpose of monitoring completion and non-completion ratios to estimate treatment outcomes and average length of stay in treatment is determined and correlated with reason for discharge. Programs having a high non-completion rate are reviewed by program directors and the state office so that possible problems can be corrected.

Specific program effectiveness indicators were developed by the Division in FY 79. Review of follow-up information during on-site reviews was essential in assisting programs in determining successful and/or neglected areas of treatment.

Drug programs are continually monitored through CODAP to determine slot utilization. Slots are allocated and/or reassigned depending upon slot utilization rates.

D. FY 80 Proposed Activities

The Alcohol and Drug Abuse Division will continue to maintain the Client Oriented Data Acquisition Process (CODAP) for all drug abuse programs and the Alcohol Information System (AIS) for all state approved alcoholism programs. In addition to the ongoing alcohol and drug reporting systems the ADAD will complete NIDA's National Drug Abuse Treatment Utilization Survey (NDATUS) and NIAAA's State Alcohol Profile Information System (SAPIS) within time frames designated by the Institutes.

The ADAD maintains two separate reporting systems, the AIS for alcoholism programs and CODAP for drug programs. Alcohol treatment programs have expressed concern because there was no method of collecting information for clients who abused other substances in addition to alcohol.

The existing AIS also presents continuing problems associated with processing time. Reporting programs and management personnel express concern for the length of time needed to produce usable final reports. Because of turnaround time output reports tend to be viewed as history instead of current management information.

A third problem, which was noted in a division audit during FY 79, involved program effectiveness indicators. There was seen to be a need for some method to compare programs with similar types of care for the purpose of evaluating effectiveness.

To solve these problems with the existing AIS, a contract was signed with Information Systems Division, Montana Department of Administration for a complete review of the existing system. This was to be followed with either major revision of the existing system or, if more cost effective, replacement with an improved system.

Collections and analysis of Montana Court School (DWI) client characteristics will continue through FY 80. This educational service is currently integrated into the Alcohol Information System data processing computer program and has caused problems because treatment and educational session clients must be separately processed and analyzed. This will also be addressed in the systems review of the AIS.

Training and technical assistance in reporting procedures is an ongoing function of the management information staff. Extensive regionwide training sessions will be scheduled after modifications in the current system have been completed. The management information Section, in response to needs assessment information, will emphasize the interpretation and utilization of output reports during technical assistance visits and training sessions.

E. FY 80 Work Plan - Management Information Systems

Objective 1 - Continue to manage and maintain client reporting and Management Information Systems of all substance abuse programs; including the Client Oriented Data Acquisition Process (CODAP), the Alcohol Information System (AIS), the National Drug Abuse Treatment Utilization Survey (NDATUS), and the State Alcohol Profile Information System (SAPIS).

Method

- a) Manage the flow of data from all reporting units to the Alcohol and Drug Abuse Division and ensure that federal data (CODAP, NDATUS, SAPIS) is submitted to NIAAA/NIDA in a timely and accurate manner. Ongoing.
- b) Receive, edit and validate all management information data (CODAP, AIS, NDATUS, SAPIS) from all state reporting units, pinpoint deficiencies and take necessary corrective action to produce consistent and timely data. Ongoing.
- c) Continually assess and modify the information collection and validation process to assure a smooth operational flow of data. Ongoing.
- d) Continue to analyze incoming data, generate output reports and relate them to management needs of the ADAD and direct service providers. Ongoing.
- e) Assist local substance abuse programs in meeting all reporting and management information system (CODAP, AIS, NDATUS, SAPIS) requirements as outlined in the respective handbooks. Ongoing.
- f) Train treatment personnel in data collection and data utilization for CODAP, AIS, NDATUS, and SAPIS as required. Ongoing.
- g) Generate and distribute reports for state level program management. Ongoing.

Objective 2 - Develop, test, and implement a revised Alcohol Information System to provide polydrug, program effectiveness, and other additional demographic information.

Method

- a) Continue cooperation with Information Systems Division, Department of Administration in a nine phase systems review development process. Ongoing.
- b) Obtain treatment program input and field test proposed format for practical considerations by December 1979.
- c) Design, produce and print new instructional materials, forms, reports and supportive documents by January 1980.

- d) Train ADAD staff in new system by January 1980.
- e) Train treatment personnel in data collections system with emphasis on changes and new capabilities by January 1980.
- f) Generate and distribute reports for state and local program management. March 1980.

Objective 3 - Determine data elements that can be used as program effectiveness indicators to allow comparison of similar programs.

- a) Select effectiveness indicators to be used and determine format for collecting the desired information. July 1979.
- b) Incorporate indicators in revised AIS. December 1979.
- c) Design and implement quarterly output report that indicates program effectiveness by June 1980.

VI. RESEARCH AND EVALUATION FUNCTIONAL PLAN

A. FY 79 Performance Report - Research and Evaluation

Objective 1 - Conduct alcohol and drug program reviews and evaluations.

Comprehensive on-site program reviews are conducted of all drug abuse treatment programs and all state approved alcohol programs annually with the exception of Rimrock Foundation Drug Program in Billings which is evaluated quarterly as mandated by NIDA's Statewide Services contract. Alcohol programs must achieve and remain in approved status to qualify for county and state funds derived from the liquor tax.

Program reviews (evaluations) are conducted by the Reporting and Evaluation Bureau Chief, Program Evaluator and when appropriate a Department fiscal analyst. Criteria for program reviews are based upon the procedures outlined in the Evaluation Handbook for Alcoholism Treatment, Drug Abuse, and Community Based Mental Health Programs.

The purpose of on-site program reviews is to:

- Improve program performance and client service levels
- Insure statewide compliance with federal and state standards
- Achieve efficiency and economy in program operations
- Assist in determination of program funding levels and approval of contracts
- Determine areas of needed technical assistance

Staff of the Division's Evaluation Section prepare and maintain a program review schedule and program directors are notified well in advance of an on-site visit. Following each program review, standard reports are given to the Program Director and Board Chairman within one week of a site visit (See Appendix D - Report Format).

Programs are required to submit reports to the Division documenting that corrective actions have been taken to address weaknesses in accordance with a time schedule established by ADAD. The Evaluation Section maintains a follow-up file for the purpose of monitoring program compliance with regard to corrective action. Technical assistance visits are scheduled following program reviews to help correct deficiencies.

During FY 79 the Reporting and Evaluation Bureau conducted forty-nine (49) on-site evaluations; six of these were on drug programs and forty-three (43) were on alcohol programs. The Bureau conducted four alcohol follow-up site visits and four drug program followups. Followup visits indicated that ADAD technical assistance helped programs to correct deficiencies.

Due to a mandated hiring freeze placed on all state agencies by the Governor during FY 79, ADAD was unable to hire an additional program evaluator as was proposed in the FY 79 State Plan. The evaluation staff (1.3 FTEs) was again overburdened in conducting on-site reviews of forty (40) alcohol programs, three drug programs and the three correctional institution chemical dependency programs. Functions which were assigned last year to the additional evaluator were not accomplished. The ADAD will continue to aggressively pursue hiring of another full time evaluator.

Objective 2 - Ensure that program reviews and evaluations are properly conducted, documented and updated as required.

The Reporting and Evaluation Bureau continually monitored and reviewed the program evaluation procedures. It was found that most programs reviewed were very good in the areas of overall organization, and personnel management so more time was spent in the evaluation of client records and services provided. Program evaluators stressed documentation of follow-up for the purpose of determining effects of treatment. It is important that the state and individual programs begin to assess treatment outcomes by measuring client changes through follow-up of persons completing treatment. Program evaluators offered assistance to programs in developing methods by which programs could begin to measure overall program effectiveness and treatment outcomes.

Quarterly reports, submitted to the Division by each service provider, were reviewed to determine whether programs were serving the number of clients projected in their contracts and whether program goals and objectives were being met.

Objective 3 - To conduct, sponsor and support research investigations and studies in the area of alcohol and drug abuse.

It was planned that cost per client by treatment modality based on financial reporting and client information systems would be completed during FY 79; however, due to vacant positions within the Department of Institutions the financial reporting system was not implemented until March, 1979. Because financial data by service modality was not available until April the Reporting and Evaluation Bureau was unable to develop cost per client by treatment modality. This task will be carried over to the FY 80 work plan.

Data was collected by the Womens' Task Force on Substance Abuse and the Statewide Youth Task Force for purposes of analyzing the needs of these populations. The Reporting and Evaluation Bureau staff also met with staff from the Montana United Indian Association (MUIA) to determine what information could be shared for planning purposes. The Bureau also continues to coordinate with the Montana Board of Crime Crime Control, Criminal Justice Data Center, for the purpose of collecting relevant statistical information.

The Division did not participate in or fund any research studies in FY 79. Research has been given a low priority by the Montana Advisory Council on Alcohol and Drug Dependency as well as by local programs as indicated in their Regional Plans. At this time, ADAD has neither the staff nor resources for research. The Division will, however, support and assist any community program or agency in developing worthwhile research grants or proposals.

B. Internal Evaluation of the Alcohol and Drug Abuse Division

The internal evaluation of the Division is based on individual work plans presented in each functional section of the State Plan. The time frames presented for each action objective are monitored by the Bureau Chief of Community and Program Development and by the Bureau Chief of Reporting and Evaluation as well as the respective section managers and unit leaders. The Division Administrator also monitors progress throughout the year. The State Advisory Council on Alcohol and Drug Dependency continually reviews ADAD progress and makes necessary recommendations.

The Alcohol and Drug Abuse Division was reviewed by the Office of the Legislative Auditor in FY 79. A summary of recommendations made by the legislative auditors and the Department's response is included in Appendix C.

Because the Division is responsible for providing overall direction and monitoring of community based alcohol and drug treatment programs and is also responsible for ensuring statewide program compliance with state and federal standards; results of program review site visits are also considered to be indicators of ADAD performance.

C. FY 80 Proposed Activities

The overall priority in this area is to hire an additional program evaluator. Due to the large number of programs, approximately fifty (50), it is nearly impossible for present staff to conduct on-site reviews in a timely manner. Due to lack of evaluators, follow-up on unacceptable items found during on-site reviews can only be done by correspondence. On-site follow-up evaluations would improve compliance by providers but current staffing levels at ADAD do not allow for many on-site follow-ups.

The ADAD Reporting and Evaluation Bureau will continue to conduct annual comprehensive on-site evaluations of all alcohol and drug programs utilizing criteria and procedures published in The Evaluation Handbook. Any drug program funded through NIDA's Statewide Services Grant will be evaluated quarterly. An evaluation report will be written within one week of any site visit. Technical assistance will be provided to programs after they have undergone a comprehensive

program review to help resolve identified deficiencies. To ensure program compliance with major recommendations made by ADAD, as a result of the evaluations, programs will be required to address correction of all unacceptable items in writing within 90 days following an inspection. It is planned that if another evaluator can be hired that on-site follow-up visits will be scheduled in addition to requesting written responses from providers.

During the upcoming year program evaluators will continue to stress documentation of follow-up contacts, program self evaluation and program effectiveness. As part of on-site reviews evaluators will look at the number of job and vocational placements, improvement in client/family relationships, living arrangements, and other changes which indicate improved client functioning. Evaluation procedures will be rewritten to include emphasis on program effectiveness. In addition to assessing effectiveness during on-site reviews the Division intends to implement a standardized follow-up form in all statewide programs to measure client changes and treatment outcomes. (See Management Information Section V.)

Evaluation procedures will also be revised to include appropriate Joint Commission on Accreditation of Hospitals (JCAH) review criteria and new criteria for reviewing drug programs funded through NIDA's Statewide Services grant mechanism.

It is planned that the new evaluation criteria and procedures will be included in Montana's Administrative Codes. Public hearings will be held statewide according to state law.

Determination of cost-per-client by service modality will be carried over to the FY 80 work plan. If the Division is allowed to hire another evaluator this task will be assigned to the new evaluator.

Although research continues to be a low priority, the Division will support research investigations and studies in the area of alcohol and drug abuse by assisting local programs or agencies in developing worthwhile research grants or proposals.

D. FY 80 Work Plan- Research and Evaluation

Objective 1 - Conduct program evaluations of all alcohol and drug treatment programs at least annually and review any drug program funded through NIDA's statewide services grant mechanism quarterly.

Method:

- a) Prepare annual site visit schedule by July 1979
- b) Hire an additional program evaluator to assist in on-site program reviews by September 1979.
- c) Conduct on-site program reviews of 49 state alcohol and drug programs - ongoing.

- d) Develop program review and evaluation reports - ongoing within one week of site visit
- e) Maintain file to document major recommendations and time tables for corrective action - ongoing.
- f) Ensure that program evaluation reports are communicated and discussed with Division's Technical Assistance Section - ongoing.
- g) Ensure that programs under NIDA Statewide Services Grant are reviewed quarterly in accordance with NIDA review procedures. October 1979, January 1980, April 1980 and July 1980.

Objective 2 - Revise evaluation criteria and procedures to ensure that evaluations meet local state and federal needs and standards.

Method:

- a) Integrate appropriate JCAH criteria and all NIDA Statewide Services grant review criteria into ADAD evaluation review procedures by January 1980.
- b) Revise evaluation criteria to stress program collection and documentation of follow-up contacts for purposes of assessing treatment outcomes by July 1979.
- c) Include rewritten evaluation procedures in Montana's Administrative Codes and hold public hearings in accordance with state law by June 1980.

Objective 3 - To conduct and support studies in the area of alcohol and drug abuse treatment.

Method:

- a) Develop cost per client data by treatment modality based on financial reporting and client information systems by December 1979.
- b) Continue to analyze research regarding women, youth and minorities - ongoing.
- c) Use follow-up data for purposes of developing program effectiveness and outcome measures on a routine basis by January 1980.

VII. PREVENTION, INTERVENTION, EDUCATION AND PUBLIC INFORMATION FUNCTIONAL PLAN

A. Definitions

Prevention - Alcohol and drug abuse prevention is a constructive process based upon the concept that by implementing a variety of effective learning processes and alternative activities, personal and social growth of the individual toward full human potential can be promoted and physical, mental, emotional or social impairment resulting from abuse of chemical substances can be inhibited or reduced. Prevention also deals with the promotion of alternative aspects of the environment which minimize alcohol and drug abuse. Prevention efforts include education, information, alternatives and intervention.

Treatment and Rehabilitation - programs designed for compulsive drug and alcohol abusers, people who persist in a damaging pattern of drug and alcohol use. The purposes of treatment and rehabilitation programs are to minimize identifiable problems caused by alcohol and drugs for individuals and for society, while increasing abuser participation in socially acceptable productive activity as an alternative to abuse.

Intervention - Intervention, as a prevention technique, includes efforts to recognize indicators of potential alcohol and/or drug abuse and, through environmental change, attempt to alter the potential pattern. Intervention activities include parenting and family communication workshops, cross-age counseling, tutoring and career planning.

Education - Education, as a prevention strategy, includes planned affective development of personal and social skills to assist persons to function and grow as individuals and as members of society. Education activities include developing coping, problem solving and decision making skills, strengthening self-esteem, defining and clarifying values and goals and improving communication skills.

Information - Information, as a prevention strategy, includes activities which make factual material available to general or selected audiences. Information activities include providing data about alcohol and drug abuse, substances of abuse and their effects in a variety of formats including pamphlets, media releases, films, school programs, workshops, speaking engagements and adult education courses.

Alternatives - Alternatives include promotion of positive activities which can be used not only as substitutes for alcohol and drug abuse but also to encourage long term personal development activities. Alternative projects include youth centers, employment programs, social action programs, community development projects and recreation centers.

B. Prevention Resource Assessment

The ADAD perceives many prevention functions as within the realm of other agencies, including the Department of Education, Office of the State Superintendent of Public Instruction, Department of Justice, Department of Social and Rehabilitation Services, Department of Health, Department of Community Affairs, Department of Labor and Industry, etc. A specific function of the ADAD is to facilitate cooperation between interagency alcohol and drug abuse prevention activities.

Mini-grant project teams are regarded as prevention resources. Use of mini (seed) grants to stimulate local and multi county alcohol and drug abuse prevention projects continues to be an important prevention activity. Fifteen mini-grants were awarded in FY 79, on the basis of project proposals submitted by a variety of resource groups throughout the state. Successful mini-grant project initiators are considered as potential lead agencies for implementation of federal and state models for prevention delivery. Mini-grant activity has enabled the Division to identify individual and group prevention resources and to determine capabilities in terms of planning and project implementation.

It was planned that a statewide resource survey was to have been conducted during FY 79; however, because of a hiring freeze imposed by the Governor in July 1978 the prevention coordinator's position remained vacant for over six months. The objective of conducting a statewide resource survey will be carried over to the FY 80 prevention work plan. A product of the resource survey was to have been a catalogue of existing resources which will be completed in FY 80.

C. FY 79 Performance Report - Prevention

Objective 1 - Support and Coordinate new and existing Prevention/ Education/Intervention Resources Statewide.

Many successful prevention projects continue to be initiated through mini-grant activities conducted at the community level. Use of mini-grants stimulate local and multi-county prevention efforts and promotes cooperation among participating groups and agencies. In accord with the FY 79 State Plan, the Division awarded fifteen (15) mini-grants for prevention projects, as follows:

- 1) \$1,000 to the Northcentral Montana Mental Health Center for drug education group training sessions.
- 2) \$1,000 to Alcohol and Drug Services of Central Montana for staff training and education materials
- 3) \$500 to the Alcohol Service Center of Lincoln County for an elementary school drug education program
- 4) \$824 to the Billings Y.W.C.A. for a peer counseling workshop

- 5) \$1,000 to the Changes Drug Program for a family therapy workshop
- 6) \$1,000 to the Flathead Valley Chemical Dependency Services for elementary school drug education
- 7) \$1,000 to the Gallatin Council on Health and Drugs for a child and adult developmental trend workshop
- 8) \$824 to the Human Resources Development Council for a peer counseling workshop
- 9) \$935 to the Lame Deer Public School for drug education materials
- 10) \$1,000 to the Medicine Pine Lodge for drug education materials
- 11) \$933 to the Rimrock Foundation and the Southcentral Mental Health Center for law enforcement training
- 12) \$500 to School District No. 10 for drug education materials
- 13) \$920 to West-Mont Community Care for hospice drug education
- 14) \$838 to Wheatland Family Services for drug education programs to school youth and to the elderly
- 15) \$500 to the Women's Resource Center of Great Falls for a workshop in over-the-counter and prescription drugs

Technical assistance was provided to twelve prevention programs in the following areas:

- preparation of grants
- financial systems
- outreach techniques
- alternative programming

Objective 2 - Develop and refine alcohol and drug education available to the general public.

The Division, in coordination with the State Office of Public Instruction, and a curriculum task force prepared the Teachers Guide for Alcohol Education for use in grades kindergarten through grade 12. The guide represents over twelve months of effort to develop an alcohol abuse curriculum for use in primary and secondary schools throughout Montana.

The major emphasis of the material is to allow the student to develop decision-making and coping skills which can be used to make informed and rational choices regarding the use of alcohol.

Although a priority in the FY 79 State Plan was to have the curriculum ready for introduction during the 1978-1979 school year it was not completed by the beginning of the school year due to the six month vacant

prevention position within the ADAD. It was completed in March 1979 and distributed through the Office of Public Instruction for implementation during the 1979-1980 school year. An initial summer training session for 60 teachers was held in June.

The Division continued to contract with the Department of Health and Environmental Sciences, Health Education Bureau, to schedule and distribute films pertinent to alcohol and drug abuse education to interested agencies, organizations and community alcohol and drug programs.

Objective 3 - Develop a public awareness program for alcohol and drugs using a variety of media.

Prevention materials were distributed to the media during the Christmas holiday season. Prior to the holiday season, the Division disseminated articles regarding "positive hosting" to community alcohol programs encouraging them to sponsor such articles in local newspapers.

Because the prevention coordinator's position was vacant for over six months, the extensive alcohol and drug abuse media campaign, planned for FY 79, was not conducted. The Division did, however, continue to run ad campaigns in "The Montana Citizen", a statewide publication sponsored by the Montana Chamber of Commerce. Information distributed through the "Montana Citizen" reaches more businessmen in the State than other periodicals. One purpose of selecting the "Montana Citizen" was to lay groundwork for prompting establishment of industrial alcohol and drug programs.

Southwestern Montana Drug Program utilizes a multi-media public information presentation directed to high school students.

Objective 4 - Evaluate effectiveness of prevention/education program.

Evaluation of prevention programs is an integral part of the NIDA prevention grant awarded to ADAD in September, 1978. Work on the prevention grant projects did not begin until March 1979, due to the hiring freeze, with completion scheduled for March of 1980. This objective will become part of the FY 80 work plan.

Objective 5 - Develop a coordinated means of assessing the needs of Montana for the purpose of developing a comprehensive prevention plan to meet identified needs.

The Division received a contract from NIDA in September, 1978 to develop a comprehensive prevention plan for Montana. Work was not begun on the contract until January 10, 1979 when the Division was granted special permission to fill the vacant prevention position; therefore this objective is being carried over to the FY 80 work plan.

Since January, the prevention section has begun work on the needs assessment portion of the contract. A statewide prevention task force which includes representatives from communities, Native American populations, service providers and clients has been established to act as an advisory committee throughout the project. (See Exhibit 8 - List of Task Force Members). With assistance from the prevention task force, data will be gathered to determine effectiveness of current prevention activities and to identify gaps in services. Compilation of a list of local and state prevention resources will be an integral part of the needs assessment phase.

It is anticipated that the needs assessment will be completed by October 1, 1979, and a comprehensive prevention plan developed by March 1, 1980.

D. FY 80 Proposed Activities - Prevention

The development of a comprehensive plan for alcohol and drug abuse prevention in Montana will be a major activity for the ADAD Prevention and Education section during FY 80.

An extensive needs assessment was begun last year and will be continued in FY 80. With assistance from the prevention task force, information will be gathered and analyzed to identify existing resources throughout the state, identification of gaps in prevention services, and to set prevention priorities for future years. Ancillary portions of the plan will include evaluation strategies and identification of exemplary prevention programs. This plan will be updated annually and will guide coordinated statewide substance abuse prevention efforts.

Although the Division funds several prevention activities, there is at this time, no standardized criteria for evaluating the effectiveness of existing projects. As part of development of the comprehensive prevention plan, criteria by which to evaluate existing prevention activities will be established. An evaluation component should serve to assist the Division in long term planning and determination of priorities based upon effectiveness indicators of existing projects.

All regions throughout the state expressed a need for increased prevention material and resources as well as more ADAD leadership in the area of prevention.

The development of a comprehensive prevention plan will assist the Division in initiating prevention activities, in an orderly manner, which are most appropriate to Montana's situation. The plan will also serve as a prevention guide for local service providers and interested community groups and agencies.

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Exhibit 8

The Division will continue to sponsor and fund a minimum of fifteen (15) mini-grant projects in FY 80. Emphasis will be placed on programs exhibiting strong community support, inter-agency cooperation, innovative prevention strategies, services to underserved target populations and strong continuation potential. Support and coordination of mini-grant projects continues to be an important prevention activity because they prompt community support and cooperation.

In response to regional needs, the prevention section will increase technical assistance in the areas of proposal preparation, financial management, community organization and alternative programming.

As evidenced by the needs assessment data, youth are a primary target population. The Prevention Section will assist the Office of Public Instruction in the implementation and evaluation of the alcohol curricula for grades kindergarten through grade twelve. Because the curriculum, at this time, is voluntary, one of the major activities of the prevention section will be to encourage community programs to become familiar with the curricula and to assist them in mobilizing community support for adoption of the curricula within local schools. The ADAD will also provide technical assistance, in coordination with the Office of Public Instruction, in training teachers to use the curriculum.

The Division will continue efforts to provide alcohol and drug abuse education materials to local communities throughout the state. A "Drugs and the Elderly" education package has recently been developed by the National Institute on Drug Abuse. ADAD will review this package and assist local programs in using it. The Department will continue to supply alcohol and drug abuse education films to local programs through the film library at the Health Education Bureau of the Department of Health and Environmental Sciences.

E. FY 80 Work Plan - Prevention

Objective 1 - Plan, develop and implement a coordinated means of assessing the alcohol and drug abuse prevention needs of Montana.

Method

- a) Collect and analyze available data pertaining to the incidence and prevalence of alcohol and drug abuse in Montana by August 1, 1979.
- b) Identify existing prevention resources in Montana by September 1, 1979.
- c) Identify unmet prevention needs in Montana by October 1, 1979.
- d) Establish priorities for providing needed prevention services by October 1, 1979.

Objective 2 - Develop a comprehensive substance abuse prevention plan for Montana.

Method

- a) Prepare prevention goal, objective and activity statements by November 1, 1979.
- b) Prepare analysis of required resources by November 1, 1979.
- c) Prepare draft of plan by December 1, 1979.
- d) Coordinate public hearings and review by interested federal, state, and local agencies by March 1, 1980.

Objective 3 - Prepare a plan for evaluation of prevention program effectiveness.

Method

- a) Research alternative evaluation strategies by October 1, 1979.
- b) Prepare evaluation plan by December 1, 1979.

Objective 4 - Support and coordinate new and existing prevention and education resources statewide.

Method

- a) Fund a minimum of fifteen (15) mini-grant prevention projects by July, 1980.

- b) Provide technical assistance to prevention programs - ongoing.
- c) Monitor prevention project contracts - Ongoing.
- d) Conduct a statewide prevention resource survey by July, 1980.

Objective 5 - Develop and refine alcohol and drug education available to the general public.

Method

- a) Support implementation of alcohol curricula for grade Kindergarten through grade twelve in the 79/80 school year.
 - 1) Distribute curricula to community drug and alcohol programs and encourage advocacy of curricula.
 - 2) Provide technical assistance for training of teachers in use of alcohol curricula.
 - 3) Provide technical assistance for evaluation of effectiveness of the alcohol curricula.
- b) Develop a "Drugs and the Elderly" education package for use by community programs by July, 1980.
- c) Contract with the Department of Health and Environmental Sciences, Health Education Bureau, to schedule and distribute films pertinent to alcohol and drug abuse to interested agencies, organizations, and community alcohol and drug programs - Ongoing.
- d) Distribute sample drug and alcohol information literature to interested agencies, organizations and programs - Ongoing.

VIII. TRAINING AND CERTIFICATION FUNCTIONAL PLAN

A. FY 79 Performance Report - Training and Certification

Objective 1 - To establish four University centered training sites within Montana to more fully meet training needs and effectively provide educational services to Statewide alcohol and drug abuse treatment personnel.

The training section was unable to fully meet this objective due to lack of manpower. All plans for FY 79 were based upon three full time employees. One of the three employees within the training section resigned during FY 79 and the Division was not able to fill the position because of a hiring freeze placed on state agencies by the Governor.

Training section staff have, however, established a working relationship with Eastern Montana College in Billings and Dawson Community College in Glendive. These two colleges recognize and plan to give credit for some specific courses delivered by the Divisions's training section. At this time, Eastern Montana College will give credit for "Group Counseling" and "Short Term Client Systems". During FY 80, it is hoped that this program can be expanded to other colleges with more courses being recognized.

Training needs assessments have been conducted on approximately ninety percent (90%) of the 200 alcohol and drug counselors throughout the state. A standardized questionnaire is used to collect the needs assessment information from individual counselors. (See Exhibit 9 - Questionnaire).

Future training will be geared to skills needed by Counselors to meet proposed certification requirements and to needs as identified during the regional planning process.

Objective 2 - Deliver twenty training courses to 220 individuals utilizing ten core subjects by July 1979.

By July 1979, eighteen (18) courses will have been delivered to over 200 persons.

Training delivered to date, FY 79:

<u>Course</u>	<u>Time Offered</u>	<u>Number of Persons Trained</u>
Family Counseling	1	35
Communication Skills	3	45
Group Counseling	2	25
Individual Counseling	2	25
Treatment Methods	2	20

(Name) _____

'79/80 Training year

(Date) _____

(Program) _____

Subject & Title	I have had training in this subject in the last 12 months		How often would this subject be used in your current job?			
	Yes	No	A. A. Never	B. B. Monthly	C. C. Weekly	D. D. Daily
<u>Counseling:</u>						
Individual	☐	☐	☐	☐	☐	☐
Group	☐	☐	☐	☐	☐	☐
Family	☐	☐	☐	☐	☐	☐
<u>Intra-Personal Relations:</u>						
Self Awareness	☐	☐	☐	☐	☐	☐
Coping with stress & Burnout	☐	☐	☐	☐	☐	☐
Sex and Sexuality	☐	☐	☐	☐	☐	☐
Inter-Personal Relations	☐	☐	☐	☐	☐	☐
Assertiveness	☐	☐	☐	☐	☐	☐
Interviewing	☐	☐	☐	☐	☐	☐
Client Assessment	☐	☐	☐	☐	☐	☐
Treatment Planning	☐	☐	☐	☐	☐	☐
<u>Agency Interaction:</u>						
Interagency Coordination	☐	☐	☐	☐	☐	☐
Outreach	☐	☐	☐	☐	☐	☐
<u>Crisis Intervention:</u>						
Medical	☐	☐	☐	☐	☐	☐
Non-Medical	☐	☐	☐	☐	☐	☐
Program Management	☐	☐	☐	☐	☐	☐
Prevention/Education	☐	☐	☐	☐	☐	☐
Aftercare	☐	☐	☐	☐	☐	☐
Pharmacology	☐	☐	☐	☐	☐	☐

NEEDS ASSESSMENT FORM

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Subject & Title	How well prepared do you feel in each subject? A. Well prepared C. Uncertain B. Prepared-May D. Poorly need more trained training E. Can't ans.					Please rank from 1-5, the 5 courses you would most like to receive training in
	A.	B.	C.	D.	E.	List the course by Name & Number - Example: Assertiveness - 1
<u>Counseling:</u>						
Individual	☐	☐	☐	☐	☐	
Group	☐	☐	☐	☐	☐	
Family	☐	☐	☐	☐	☐	
<u>Intra-Personal Relations:</u>						
Self Awareness	☐	☐	☐	☐	☐	
Coping with stress & burnout	☐	☐	☐	☐	☐	
Sex and Sexuality	☐	☐	☐	☐	☐	
<u>Inter-Personal Relations</u>	☐	☐	☐	☐	☐	
Assertiveness	☐	☐	☐	☐	☐	
Interviewing	☐	☐	☐	☐	☐	
Client Assessment	☐	☐	☐	☐	☐	
Treatment Planning	☐	☐	☐	☐	☐	
<u>Agency Interaction:</u>						
Interagency Coordination	☐	☐	☐	☐	☐	
Outreach	☐	☐	☐	☐	☐	
<u>Crisis Intervention:</u>						
Medical	☐	☐	☐	☐	☐	
Non-Medical	☐	☐	☐	☐	☐	
Program Management	☐	☐	☐	☐	☐	
Prevention/Education	☐	☐	☐	☐	☐	
Aftercare	☐	☐	☐	☐	☐	

<u>Course</u>	<u>Times Offered</u>	<u>Number of Persons Trained</u>
Assessment Interviewing for Treatment Planning	1	14
Prevention and Education	2	30
General Management	1	11
Training of Trainers	<u>1</u>	<u>7</u>
	15	212

Objective 3 - Provide an advocate trainer in Eastern Montana who will coordinate training activities for criminal justice personnel in Regions I and III.

See Criminal Justice performance report.

Objective 4 - To establish a mechanism for contracting with an individual or an agency to deliver training and education for criminal justice and law enforcement personnel.

See Criminal Justice performance report.

Objective 5 - To continue support of a State staff member to finalize alcohol and drug counselor certification procedures.

Standards have been established for certification of alcoholism and drug counselors. (See Exhibit 6). The Division has not had legislative authority to certify counselors, however, the 46th legislature recently passed a bill (HB 844) which included a mandate for the Division to certify counselors.

The Information Systems Division, Department of Community Affairs in coordination with the ADAD Management Information Section, has begun design of a computerized system for retrieval and analysis of individual training needs as they apply to certification standards. The computerized system is viewed as essential to efficient management and operation of statewide counselor certification.

B. State Training Support Program (STSP)

The STSP program is funded by the National Institute on Drug Abuse. Montana has fully participated in the STSP program since its inception in 1975.

The program is designed to provide training to persons working with substance abusers. The outcome expected from training is to increase job related skill levels of persons working in a counseling or therapeutic role.

C. FY 80 Proposed Activities

The training section intends to deliver ten core educational training courses during FY 80. Course delivery is based upon the proposed counselor certification requirements and in response to training needs expressed in the regional plans. Training needs common to all regions include: prevention and education training, treatment skills and training in women's issues. It has been determined that the following courses will be offered by the Division's Training Section in FY 80:

1. Group Counseling
2. Group process
3. Basic Self-Awareness
4. Coping with Stress and Burnout
5. Client Assessment and ASessment Interviewing for Treatment Planning (combined)
6. Outreach Techniques
7. Womens Issues
8. Short Term Client Systems

To meet the need expressed for prevention and education training the Training Section will contract with an outside consultant to deliver prevention and education workshops throughout the state. The workshops will be designed for community treatment personnel interested in learning prevention and education techniques.

To identify and subsequently resolve treatment and manpower problems currently facing Montana, the Division applied for funds from NIAAA for a "State Manpower Development Program". During the upcoming year an extensive needs assessment will be done with the purpose of setting state manpower and training goals and priorities as they relate to treatment service issues. Current capabilities for developing a manpower plan linked to treatment service issues include the already existing evaluation and monitoring procedures, statewide alcohol management information system and training needs assessment information. An effective manpower development plan would upgrade existing programs and impact quality of care throughout the state.

The implementation of a counselor certification system was a priority in all five regional alcohol and drug plans for FY 80 and was adopted by the Montana Advisory Council on Alcohol and Drug Dependency as a Statewide priority. With the passage of HB 844 in April, the Division now has legislative authority to implement and maintain a counselor certification system.

To prepare for a statewide certification system the Division contracted with the Department of Community Affairs, Information Systems Division (ISD) to assist in developing a computerized manpower tracking system. In order to effectively run a statewide certification system it is essential to have an automated system. ISD performs nine project phases in developing and implementing a new computer system.

Phases I and II were completed during FY 79. The primary objective of the project is to develop a system to facilitate manpower tracking. The

proposed system would be based on the suggested certification criteria. The proposed system would limit manual recordkeeping processes and provide informational reports that would enable comprehensive training and certification evaluation.

Because the Division did not obtain legislative authority to certify until HB 844 was passed in April; ISD recommended that no further project phases be completed until the bill is enacted in July 1979. It is planned that the remaining project phases will be completed in FY 80.

Public hearings on the proposed certification system will be held statewide after July 1, 1979 and the remaining work on the computer system will be initiated during early FY 80.

D. FY 80 Work Plan - Training and Certification

Objective 1 - To deliver training courses to a minimum of 150 persons. utilizing ten core subject areas by June 1980.

Objective 2 - To contract for prevention/education training for community alcohol and drug program personnel.

Method

- a) Determine amount of contracted services funds available for this project and issue request-for-proposals to eligible contractors by August 1979.
- b) Evaluate proposals and award contract by September 1979.
- c) Implement training events as per contract by November 1979.
- d) Contracts will be reviewed and evaluated by the Alcohol and Drug Abuse Division's training section at least monthly to ensure objectives are being met beginning December, 1979.

Objective 3 - To develop an integrated manpower development and training system.

Method

- a) Define what changes or modifications would be needed in the Division's evaluation and training sections in order to determine staff and time available to develop a manpower training plan by July 1979.
- b) Determine what computer system modifications would be needed to collect and analyze information necessary to develop a combined manpower/training project by October 1979.

- c) Analyze current training needs assessment data to identify gaps in existing information and determine additional information that would be necessary for manpower development plan by December, 1979.
- d) Begin work on manpower development plan by March 1980.

Objective 4 - To begin implementation of a statewide counselor certification system.

Method:

- a) Contract for completion of Department of Community Affairs, Information Systems Division (ISD) computer study by November, 1979.
- b) Hold statewide public hearings on the proposed certification standards by December 1979.
- c) Revise standards, if necessary, based on public hearings by January 1980.
- d) Coordinate with ISD for implementation of automated manpower tracking system to be completed by July 1980.

IX. CRIMINAL JUSTICE FUNCTIONAL PLAN

A. FY 79 Performance Report - Criminal Justice

Objective 1 - Provide an advocate trainer in Eastern Montana who will coordinate training/prevention/education for criminal justice and law enforcement personnel in Regions I and III.

The advocate trainer completed a needs assessment study of law enforcement personnel in Eastern Montana. As a result of the needs assessment, a workshop was held in Miles City for representatives of the criminal justice system. The workshop was designed to help these persons understand and comply with Montana's Uniform Alcoholism and Intoxication Act, to present basic alcohol education and to acquaint law enforcement officers and judges with existing resources and service providers.

In coordination with police and sheriffs' departments it was decided that the workshop would be aimed at top ranking officers who would then return and deliver inservice training to other officers within their departments. The workshop conducted in Miles City was successful with approximately twenty participants; for those not able to attend the Miles City workshop, another session is scheduled for the end of May in Forsyth.

The regional advocate trainer also coordinated with Region III for the purposes of initiating law enforcement training in Yellowstone County (Billings). This was accomplished through the efforts of Rimrock Foundation and Southcentral Montana Mental Health Center.

Alcohol curriculum was established as part of the law enforcement training program at Dawson Community College. The program is offered on a quarterly basis for three quarter units and is available to all students and required for law enforcement/criminology students.

Meetings have been scheduled with the Montana Law Enforcement Academy at Montana State University in Bozeman for the purpose of implementing similar curriculum at the Academy. The advocate trainer feels that the curriculum which was designed for Dawson College is appropriate for implementation at the Law Enforcement Academy.

Supervision and assistance was provided to all DWI court school instructors within Region I. There are presently seven court schools within the region. The advocate trainer monitored each instructor's presentation and offered assistance and suggestions as to how the presentations could be improved. A major accomplishment this year was the implementation of a court school on the Northern Cheyenne Reservation. The advocate trainer reported that nearly 30% of DWI clients have sought further treatment services from community alcoholism programs.

Objective 2 - To establish a mechanism for contracting with an individual or an agency to deliver training and education for criminal justice/law enforcement personnel.

Based upon needs assessment information, justices of the peace were a priority for receiving training related to the Montana Uniform Intoxication Act. Training for this population was also suggested in a report submitted to the Division in 1978 entitled "The Alcoholic, Law Enforcement and the Uniform Act in Montana." (This report was submitted to NIAAA with Montana's third year Incentive Grant Application.) The following is an excerpt from his report:

"The municipal and justice courts of Montana handle the vast bulk of the alcohol related offenses. Elsewhere in this study we have stressed the important fact that the individuals involved in these alcohol related offenses have a high probability of alcoholism. Moreover, the evidence from interviews with many law enforcement personnel indicates they believe these people often have drinking problems which lead to the crime. The extent to which county and city attorneys, justices of the peace and municipal court judges are knowledgeable about the role alcoholism plays in these offenses determines, in many cases, whether or not the individual receives treatment. And, in many cases, whether he becomes a continued problem for law enforcement. Unfortunately, it is the rare JP, county attorney or municipal judge who has even a rudimentary notion of the role alcoholism plays in offenses which come before the court system. In those instances in the study where county attorneys or judges do have knowledge it comes from two sources; personal experience with alcoholism and recovery and/or extensive efforts on behalf of local alcoholism program personnel.

It is the consultant's view that given the level of alcohol related offenses and the volume of alcohol related charges coming before the court system in Montana, the lack of knowledge in the court system is a major obstacle to carrying out the intent of the Uniform Act to provide a continuum of treatment. Not only are the vast majority of court officials not knowledgeable about the role alcoholism plays in the offenses which come before their court, also a very large percentage seem unaware of their legal options for handling a case where they believe alcoholism is involved and should be treated. Only a tiny fraction, about 5 judges, for example, knew that they could sentence an individual to treatment if the crime committed involved alcohol or drugs. Unaware of this provision, judges complained of having their hands tied or of only being able to attempt to persuade an offender into volunteering for alcoholism treatment."

A contract has been issued to this same consultant to conduct an educational workshop for all the justices-of-the-peace in Montana. The seminar has been designed to inform this population as to how they can best comply with the Montana Uniform Intoxication Act and to deliver basic alcohol education. Emphasis will be placed on familiarizing this group with community alcohol treatment programs and other resources available throughout the state.

It was determined, in coordination with the criminal justice personnel, that the optimum time to present this program would be as part of the justices of the peace annual meeting which will be held in September.

The Division's training section will evaluate this program for possible delivery to other law enforcement and criminal justice personnel.

The Division has also jointly funded Rimrock Foundation Alcohol Program and Southcentral Montana Mental Health Center in Billings to provide Yellowstone County law enforcement personnel with an educational training seminar on alcoholism and the law. A four day seminar will be presented to at least 120 law enforcement officers at the end of this month, (May 1979). The two agencies have prepared and administered an attitude survey, with assistance from the regional advocate trainer, to all pre-registered law enforcement officers and part of the seminar is structured to deal with prevalent attitudes.

A pre and post test will be administered to all enrolled participants to evaluate significant attitude changes and an increase in knowledge regarding alcoholism and the law.

Follow-up interviews will be conducted with representatives from law enforcement for the purpose of evaluating the effectiveness of this seminar and to assist the two agencies in defining additional law enforcement education and training needs.

Objective 3 - To continue the development, implementation and maintenance of the Statewide DWI Court School Systems in cooperation with the Highway Patrol Bureau, Department of Justice and Highway Safety Division, Department of Community Affairs.

The existing network of twenty-two court schools was expanded to thirty-four schools throughout the state. Since the initiation of DWI court schools in May 1978, 1,261 individuals have been admitted to the five week educational programs.

As evidenced by data displayed in Chapter 2.0 court school programs are an important intervention source. Forced attendance at these schools can lead to recognition, by the individuals, of disruptive effects of drinking in their lives.

The Division has continued to provide technical assistance to court school instructors and has distributed films and projectors for their use.

Objective 4 - Contract with the DWI detection laboratory in Missoula to provide analysis of blood, urine and other body fluids for the determination of alcohol drugs and toxic substances submitted by Law Enforcement agencies and drug and alcohol treatment programs located throughout the State of Montana by July 1978.

The Department of Institutions, Alcohol and Drug Abuse Division contracted with the State Department of Justice for continued operation of the DWI detection laboratory in Missoula. The purpose of the DWI detection laboratory is to provide analysis of blood, urine and other body fluids for the determination of alcohol, drugs and toxic substances submitted by law enforcement agencies and drug and alcohol treatment programs located throughout the state. Services of the detection laboratory are available to all alcohol and drug abuse treatment programs within Montana. The laboratory analyzes an average of 100 blood and urine samples per month, approximately eighty percent of these are for alcohol and drug programs.

In addition to maintaining field gas chromatographs (breathalyzers), laboratory personnel have the responsibility to test and certify between 220 to 350 gas chromatograph operators annually. These machines and the people who operate them are an essential feature of the State's DWI enforcement and rehabilitation program. Without the expert testimony and proof developed by the detection laboratory, Montana cannot enforce its existing DWI laws.

The Division will continue the maintenance of the statewide DWI Court School System in cooperation with the Highway Patrol Bureau, Department of Justice and Department of Community Affairs. Services to be provided by the ADAD include instructor training, technical assistance, and refinement of screening mechanisms and curriculum used throughout the Court School System.

The integration of DWI court school client reporting into the existing alcohol management information system has enabled the Division to analyze the impact of Court School Programs throughout the State. Although the current data base is too small for conclusive recommendations court schools seem to be an important intervention resource. To adequately justify the benefit of the Court School Program more data is needed. The Division will continue to collect, process and analyze individual DWI client data.

B. Criminal Justice Interface at Planning Level

Agreements to facilitate planning have been documented and presently exist between the ADAD and the State Crime Control Division.

The Crime Control Division will provide the ADAD with:

1. Access to all data collected in Montana for the FBI Uniform Crime Reporting System and through the Criminal Justice Data Center.

2. Access to data analysis pertaining to substance abuse, as well as comparative for other typical crime categories, prepared in the normal course of the Crime Control Division operation.
3. Cooperation in any future ADAD efforts to collect and analyze substance abuse data generated from sources within Montana.

A formal agreement exists between the Alcohol and Drug Abuse Division, Department of Institutions, and the Law Enforcement Services Division of the Montana Department of Justice. The Law Enforcement detection laboratory in Missoula provides analysis of substance from crime scenes and aids pathological work by identifying drugs or lethal substances in body fluids. Statistics from the detection laboratory will be made available to the ADAD for planning purposes.

The Montana Board of Crime Control also provides supplemental funding for the chemical dependency programs located in three of the state correctional institutions: Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison.

C. Proposed FY 80 Activities

A pot of \$65,000.00, from Montana's fourth year Incentive Grant, will allow the Alcohol and Drug Abuse Division to pay detoxification costs for program clients under the following conditions:

1. The patient receives another element of care in addition to detox - i.e., outpatient, residential.
2. The patient is a client of a state approved alcohol program with an individualized treatment plan.
3. Documentation is submitted that other sources of payment (individual, insurance, county medical, vocational rehabilitation, etc.) have been applied for and are not available.
4. Costs may be applied for actual detoxification and not ancillary related medical costs - i.e., broken bones, TB, etc.
5. Claims can be made for two detoxification treatments per individual during the period October 1, 1979 through August 1, 1980.
6. Payment for detoxification services are made to the state approved program and they pay the vendor for services provided.
7. Funding for detoxification is only for Montana residents.

Training of law enforcement personnel continues to be a statewide need. In response to the FY 80 Regional Alcohol and Drug Plans and to the recommendation made by the Montana Health Systems Agency in the 1979 Health Systems Plan:

"The Department of Institutions should work with law enforcement agencies in developing guidelines for the role of police and sheriffs' departments in dealing with public inebriates."

the Division will continue to place emphasis on training of law enforcement personnel.

The Division has learned over the past few years that cooperation at the community level is essential in alleviating the public inebriate problem.

The Division intends to use a new approach, which hopefully will strengthen the relationship between community alcoholism programs, hospitals, criminal justice and law enforcement personnel at the local level. It is proposed that mini-(seed) grants will be awarded to stimulate local and multi-county law enforcement training activities. This approach has been used for the past several years to initiate local prevention activities and has resulted in many successful community prevention programs. Use of mini-grants has been effective in promoting cooperation among participating groups and agencies at the local level.

Mini-grants for training of law enforcement personnel will be awarded only to agencies or individuals demonstrating a thorough knowledge of basic alcohol education and Montana's Uniform Act. Funding priority will be given to Montana's larger communities. All grant activities will be monitored by the Alcohol and Drug Abuse Division.

Availability of funds will be advertised by September 1979 in all major statewide newspapers and a bidders conference will be held for qualified applicants.

All funded projects will be evaluated by the Alcohol and Drug Abuse Division.

D. FY 80 Work Plan - Criminal Justice

Objective 1 - To pay for detoxification services when other sources of funds are not available - ongoing.

Objective 2 - To fund a minimum of seven mini-grants for law enforcement training in Montana's larger cities.

Method

- a) Define grant review criteria by September 1979.
- b) Issue request for applications and advertise availability of funds in statewide newspapers by September 1979.
- c) Hold a bidders conference for grant applicants by September 1979.

- d) Issue grant awards for criminal justice training project by October 1979.
- e) Evaluate effectiveness of all funded projects by September 1980.

Objective 3 - Continue the maintenance of the statewide DWI Court School Systems in cooperation with the Highway Patrol Bureau, Department of Justice and Highway Safety Division, Department of Community Affairs.

Method

- a) Continue to provide technical assistance to court school instructors throughout the state - ongoing.
- b) Refine the screening mechanisms and curriculum used by court schools by September 1979.
- c) Continue to manage and maintain computerized DWI court school client information system - ongoing.

4.0 BUDGET INFORMATION

4.1

ALCOHOL AND DRUG ABUSE DIVISION

Proposed Planning Budget

FY80

General Fund	\$ 113,482
Earmarked Revenue.	81,880
Drug Formula	100,933
SMDP Federal Grant	235,812
Statewide Services Grant	10,612
Alcohol Formula.	126,416
Drug Prevention.	31,000
Alcohol Incentive.	30,000
SSI.	20,000
LEAA	15,000
STSP	30,000
Alcohol Manpower	25,000
	820,135

Community Programs

Earmarked Revenue Funding

*Community Alcohol Programs.	498,796
Drug Formula Grant - Mini-grants	30,000
Alcohol Formula Grant.	73,584
Alcohol Incentive Grant.	160,000
Statewide Services Grant (NIDA).	81,707
General Fund - SMDP.	67,859
SMDP Federal Grant	82,611
	\$ 994,557

*Includes appropriations to Department of Justice Lab, Correctional
Chemical Dependency Programs

4.2 State Health Plan Budget Application

FORM APPROVED
FEB 20 1979

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

STATE MONTANA

FISCAL YEAR
80

AGENCY
Department of Institutions

STATE HEALTH PLAN OR APPLICATION BUDGET

X INITIAL

REVISION NO

FUND SOURCE

TITLE V-SDC SECURITY ACT

PNS ACT

LEGISLATIVE HEALTH - See Instructions

SFC 501

SFC 504

SFC 518

SFC 1615

SFC 1615

SFC 1615

SFC 1615

SFC 1615

SFC 1615

SFC 1615

SFC 1615

SFC 1615

SFC 1615

SFC 1615

MCH

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STATE PUBLIC

1,799,697**

LOCAL PUBLIC

1,528,795**

PRIVATE NON-PROFIT

3,328,492

SUB-TOTALS

390,000**

FEDERAL

FINANCIAL ASSISTANCE

FUND A

FUND B

DIRECT ASSISTANCE

PREVIOUS FISCAL YEAR (s) CARRYOVER

A

B

C

D

E

F

G

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J

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3,718,492

498,796

3,718,492

FUNDS BUDGETED TO OTHER AGENCIES

PURPOSE

STATE PUBLIC AGENCIES

LOCAL PUBLIC AGENCIES

NON PROFIT

PROGRAM DIRECTOR (Name and Title)

Michael A. Murray, Administrator, Alcohol & Drug Abuse Division

AGENCY HEAD (Name and Title)

LAWRENCE M. ZANIO

DATE

7/9/79

TITLE

Director, Department of Institutions

OFFICE OF GOVERNOR

George J. Sawlman

DATE

7/12/79

TITLE

BUDGET DIRECTOR

REMARKS
*Amounts appropriated to ADAD & Galen from HB483
**Based on estimate of funds available to counties as authorized by HB844
***Includes Federal Incentive Grant

PHS-8153-E
(REV 9 78)

FORM 1

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Form Approved
O.M.B. No. 68-R1633

STATE APPROPRIATIONS AND FINANCIAL SUMMARY

(Completion of this form is mandatory)

ITEM 1.

ANNUAL PERFORMANCE REPORT
EXPENDITURE SUMMARY FOR YEAR COMPLETED FY79

STATE REVENUE FUNDS	\$ 277,905			
FEDERAL FUNDS: ALL SOURCES	\$ 623,793			

ITEM 2.

ANNUAL UPDATE OF STATE PLAN
EXPENDITURE SUMMARY FOR PROGRAM YEAR FY80

STATE REVENUE FUNDS	\$ 300,001			
FEDERAL FUNDS: ALL SOURCES	\$ 633,343			

ITEM 3.

STATE APPROPRIATION REPORT
FOR PROGRAM YEAR _____

NAME OF CONTRIBUTING AGENCY (Enter name of each Dept. in blank space)	SINGLE STATE AUTHORITY	Lighthouse Drug Abuse Treatment Program	Southwestern Montana Drug Program		
TOTAL FUNDS ALLOCATED FOR DRUG ABUSE		\$ 137,789	\$ 162,212		

TOTAL STATE DRUG ABUSE APPROPRIATION: \$ 300,001

STATE MONTANA

State of Montana

Department of Institutions



BOARD MEMBERS
ZELLA A. JACOBSON, GREAT FALLS
ELDON E. KUHN, BILLINGS
WILLIS M. McKEON, MALTA
DENNIS F. DOLAN, BUTTE
JOHN W. STRIZICH, M.D., HELENA

GOVERNOR
THOMAS L. JUDGE

DIRECTOR
LAWRENCE M. ZANTO

Helena, 59601

July 12, 1979

4.4

LEGISLATIVE APPROPRIATION

I certify that through the State Laws of 1980 the
Department of Institutions allocated the following sums
to the:

Southwestern Montana Drug Program	\$162,212
Lighthouse Drug Program	<u>137,789</u>
TOTAL	\$300,001

A handwritten signature in cursive script, appearing to read "Jim Haubein".

Jim Haubein
Administrator,
Management Services Division

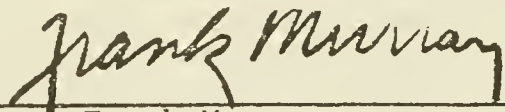
Appendix A

UNITED STATES OF AMERICA,)
State of Montana) ss.

I, FRANK MURRAY, Secretary of State of the State of Montana, do hereby certify that the following is a true and correct copy of HOUSE Bill No. 844, Chapter No. 711, Montana Session Laws of 1979, enacted by the Forty-sixth Legislature of the State of Montana, approved by Thomas L. Judge, Governor of said State, on the 14th day of May, 1979, and effective July 1, 1979.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the great Seal of said State.

Done at the City of Helena, the Capital of said State, this 24th day of May, 1979.



Frank Murray
Secretary of State

CHAPTER NO. 711
MONTANA SESSION LAWS 1979
HOUSE BILL NO. 844

AN ACT TO GENERALLY REVISE THE LAWS RELATING TO ALCOHOLISM TREATMENT PROGRAMS AND THE DISTRIBUTION OF REVENUES FROM THE LIQUOR LICENSE TAX PROCEEDS; AMENDING SECTIONS 16-1-404, 53-24-103, 53-24-108, 53-24-204, AND 53-24-206 THROUGH 53-24-208, MCA; AND REPEALING SECTION 53-24-203, MCA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 53-24-103, MCA, is amended to read:

"53-24-103. Definitions. For purposes of this chapter, the following definitions apply:

(1) "Alcoholic" means a person who has a chronic illness or disorder of behavior characterized by repeated drinking of alcoholic beverages to the extent that it endangers the health, interpersonal relationships, or economic function of the individual or public health, welfare, or safety.

(2) "Approved private treatment facility" means a private

HOUSE BILL NO. 844

nonprofit agency, receiving public funds (whose function is the treatment, rehabilitation, and prevention of alcoholism and drug dependence) meeting the standards prescribed in 53-24-208(1) and approved under 53-24-208.

(3) "Approved public treatment facility" means:

(a) a treatment agency operating under the direction and control of the department as a state agency and approved under 53-24-208; or

(b) a treatment agency operating under the direction and control of a local government and approved under 53-24-208.

(4) "Department" means the department of institutions provided for in 2-15-2301.

(5) "Family member" is the spouse, mother, father, child, or member of the household of an alcoholic whose life has been affected by the actions of the alcoholic and may require treatment.

(6) "Incapacitated by alcohol" means that a person, as a result of the use of alcohol, is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment.

(7) "Incompetent person" means a person who has been adjudged incompetent by the district court.

(8) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol.

(9) "Prevention" has meaning on four levels; these are:

(a) education to provide information to the school children and general public relating to alcohol dependence and alcoholism, treatment, and rehabilitative services and to reduce the consequences of life experiences acquired by contact with an alcoholic;

(b) early detection and recovery from the illness before lasting emotional or physical damage, or both, have occurred;

(c) if lasting emotional or physical damage, or both, have occurred, to arrest the illness before full disability has been reached;

(d) the provision of facility requirements to meet division program standards and improve public accessibility for services.

(10) "Treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to alcoholics, intoxicated persons, and family members."

Section 2. Section 53-24-108, MCA, is amended to read:

"53-24-108. Utilization of funds generated by taxation on alcoholic beverages. (1) Revenue generated by 16-1-404, 16-1-406, and 16-1-408 to state approved programs whose function is the treatment, rehabilitation, and prevention of alcoholism may be

distributed in either of the following manners:

(a) as payment of fees for alcoholism services provided by state-approved alcoholism programs, certified alcoholism counselors, licensed physicians, and licensed hospitals; and

(b) as grants to persons operating state-approved alcoholism programs.

(2) No person operating a state-approved alcoholism program may be required to provide matching funds as a condition of receiving a grant under subsection (1) of this section.

(3) In addition to funding received under this section, a person operating a state-approved alcoholism program may accept gifts, bequests, or the donation of services or money for the treatment, rehabilitation, or prevention of alcoholism.

(4) No person receiving funding under this section to support operation of a state-approved alcoholism program may refuse alcoholism treatment, rehabilitation, or prevention services to a person solely because of that person's inability to pay for those services.

(5) A grant made under this section is subject to the following conditions:

(a) The grant application must contain an estimate of all program income, including income from earned fees, gifts, bequests, donations, and grants from other than state sources during the period for which grant support is sought.

(b) Whenever, during the period of grant support, program income exceeds the amount estimated in the grant application, the amount of the excess shall be reported to the grantor.

(c) The excess shall be used by the grantee under the terms of the grant in accordance with one or a combination of the following options:

(i) use for any purpose that furthers the objectives of the legislation under which the grant was made; or

(ii) to allow program growth through the expansion of services or for capital expenditures necessary to improve facilities where services are provided.

(6) Revenue generated by 16-1-404, 16-1-406, and 16-1-408 for the treatment, rehabilitation, and prevention of alcoholism which has not been encumbered for those purposes by the counties of Montana or the department shall be returned to the state's earmarked revenue fund for the treatment, rehabilitation, and prevention of alcoholism within 30 days after the close of each fiscal year."

Section 3. Section 53-24-204, MCA, is amended to read:

"53-24-204. Powers of department. (1) To carry out this chapter, the department may:

(a) accept gifts, grants, and donations of money and property from public and private sources;

(b) enter into contracts;

(c) acquire and dispose of property.

(2) The department shall:

(a) approve treatment programs as provided for in 53-24-208;

(b) prepare an annual state plan for the delivery of treatment services;

(c) provide for and conduct statewide service system evaluations;

(d) distribute state and federal funds to the counties for approved treatment programs in accordance with the provisions of 53-24-206;

(e) plan in conjunction with approved programs and provide for training of program personnel delivering services to alcoholics;

(f) establish criteria to be used for the development of new programs;

(g) certify and establish standards for the certification of alcoholism and drug dependence counselors;

(h) encourage planning for the greatest utilization of funds by discouraging duplication of services, encouraging efficiency of services through existing programs, and encouraging rural counties to form multicounty districts or contract with urban programs for services; and

(i) cooperate with the board of pardons in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons in or on parole from penal institutions."

Section 4. Section 53-24-206, MCA, is amended to read:

"53-24-206. Administration of financial assistance. (1) The department may apply for and receive grants, allotments, or allocations of funds or other assistance for purposes pertaining to the problems of alcohol and drug dependence or related social problems under laws and rules of the United States, any other state, or any private organization.

(2) The department may cooperate with any other government agency or private organization in programs on alcohol and drug dependence or related social problems. In carrying out cooperative programs, the department may make grants of financial assistance to government agencies and private organizations under terms and conditions agreed upon.

(3) (a) In administering proceeds derived from the liquor license tax or the beer license tax, the department shall distribute those funds appropriated by the legislature. Money that is appropriated for distribution to approved programs on a discretionary basis shall be distributed to those programs that can demonstrate that:

(i) the program is achieving the goals and objectives mutually agreed upon by the program and the department; and

(ii) the receipt of additional funds would be justified.

(b) The remainder of the proceeds shall be distributed to the counties for use by approved programs in the following manner:

(i) Eighty-five percent shall be allocated according to the

proportion of each county's population to the state's population according to the most recent United States census.

(ii) Fifteen percent shall be allocated according to the proportion of the county's land area to the state's land area.

(c) Money distributed under subsection (3) may only be used for purposes pertaining to the problems of alcoholism or related social problems.

Section 5. Section 53-24-207, MCA, is amended to read:

"53-24-207. Comprehensive program for treatment. (1) The department shall establish a comprehensive and coordinated program for the treatment of alcoholics, intoxicated persons, and family members.

(2) The program shall include:

(a) emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;

(b) inpatient treatment;

(c) intermediate treatment;

(d) outpatient treatment; and

(e) follow-up services.

(3) The department shall provide for adequate and appropriate treatment for alcoholics and intoxicated persons admitted under 53-24-301 through 53-24-304.

(4) All appropriate public and private resources shall be coordinated with and utilized in the program if possible.

(5) The department shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities."

Section 6. Section 16-1-404, MCA, is amended to read:

"16-1-404. License tax on liquor -- amount -- distribution of proceeds. (1) The department is hereby authorized and directed to charge, receive, and collect at the time of sale and delivery of any liquor under any provisions of the laws of the state of Montana a license tax of 10% of the retail selling price on all liquor sold and delivered. Said tax shall be charged and collected on all liquor brought into the state and taxed by the department. The retail selling price shall be computed by adding to the cost of said liquor the state markup as designated by the department. Said 10% license tax shall be figured in the same manner as the state excise tax and shall be in addition to said state excise tax. The department shall retain in a separate account the amount of such 10% license tax so received. Thirty percent of these revenues shall be allocated to the counties according to the amount of liquor purchased in each county to be distributed to the incorporated cities and towns, as provided in subsection (2). Four and one-half percent of these revenues shall be allocated to the counties according to the amount of liquor purchased in each county, and this money may be used for county purposes. The remaining revenues shall be deposited in the earmarked revenue fund to the credit of the department of institutions for the

treatment, rehabilitation, and prevention of alcoholism. Provided, however, in the case of purchases of liquor by a retail liquor licensee for use in his business, the department shall make such regulations as are necessary to apportion that proportion of license tax so generated to the county where the licensed establishment is located, for use as provided in 16-1-405. The department shall pay quarterly to each county treasurer the proportion of the license tax due each county to be allocated to the incorporated cities and towns of the county.

(2) The license tax proceeds allocated to the county under subsection (1) for use by cities and towns shall be distributed by the county treasurer to the incorporated cities and towns within 30 days of receipt from the department. The distribution of funds to the cities and towns shall be based on the proportion that the gross sale of liquor in each city or town is to the gross sale of liquor in all of the cities and towns of the county.

(3) The license tax proceeds that are allocated to the department of institutions for the treatment, rehabilitation, and prevention of alcoholism shall be credited quarterly to the department of institutions. The legislature may appropriate a portion of the license tax proceeds to support alcohol programs. The remainder shall be distributed as provided in 53-24-206."

Section 7. Section 53-24-208, MCA, is amended to read:

"53-24-208. Facility standards. (1) The department shall establish standards for approved treatment facilities that must be met for a treatment facility to be approved as a public or private treatment facility and fix the fees to be charged for the required inspections. The standards may concern only the health standards to be met and standards of treatment to be afforded patients.

(2) Facilities applying for approval must demonstrate a local need currently exists for proposed services and that the proposed services do not duplicate existing local services.

(3) The department shall periodically inspect approved public and private treatment facilities at reasonable times and in a reasonable manner.

(4) The department shall maintain a list of approved public and private treatment facilities.

(5) Each approved public and private treatment facility shall, on request, file with the department data, statistics, schedules, and information the department reasonably requires. An approved public or private treatment facility that without good cause fails to furnish any data, statistics, schedules, or information as requested or files fraudulent returns thereof shall be removed from the list of approved treatment facilities.

(6) The department, after holding a hearing in accordance with the Montana Administrative Procedure Act, may suspend, revoke, limit, or restrict an approval or refuse to grant an approval for failure to meet its standards.

(7) A district court may restrain any violation of this

section, review any denial, restriction, or revocation of approval, and grant other relief required to enforce its provisions.

(8) Upon petition of the department and after a hearing held upon reasonable notice to the facility, a district court may issue a warrant to the department authorizing it to enter and inspect at reasonable times and examine the books and accounts of any approved public or private treatment facility refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter."

Section 8. County plan to be submitted to department. (1) By January 1, 1980, each county must submit to the department a comprehensive countywide plan for the treatment, rehabilitation, and prevention of alcoholism.

(2) The plan must have been approved by the board of county commissioners and must contain information regarding existing nonprofit and local government programs within the county. The plan must also contain information regarding the current and future needs of the county for the treatment, rehabilitation, and prevention of alcoholism.

(3) The department shall approve or disapprove the countywide plan. If the department disapproves a plan, the county may submit another plan to the department. In distributing funds to approved programs in a county, the department shall give consideration to the county plan.

(4) (a) After December 31, 1979, no money may be distributed to a county by the department for the treatment, rehabilitation, and prevention of alcoholism if the county has not submitted a plan as required by subsection (1).

(b) After June 30, 1980, no money may be distributed to a county by the department for the treatment, rehabilitation, and prevention of alcoholism if a county plan has not been approved by the department.

(5) The department may adopt rules regarding the submission, approval, and disapproval of plans.

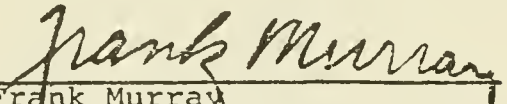
Section 9. Repealer. Section 53-24-203, MCA, is repealed.

UNITED STATES OF AMERICA,)
State of Montana) ss.

I, FRANK MURRAY, Secretary of State of the State of Montana, do hereby certify that the following is a true and correct copy of SENATE Bill No. 61, Chapter No. 197, Montana Session Laws of 1979, enacted by the Forty-sixth Legislature of the State of Montana, approved by Thomas L. Judge, Governor of said State, on the 22nd day of March, 1979, and effective July 1, 1979.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the great Seal of said State.

Done at the City of Helena, the Capital of said State, this 29th day of March, 1979.



Frank Murray
Secretary of State

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CHAPTER NO. 197
MONTANA SESSION LAWS 1979
SENATE BILL NO. 61

AN ACT TO INSURE THE AVAILABILITY OF BASIC LEVELS OF BENEFITS UNDER HEALTH INSURANCE POLICIES AND CONTRACTS FOR THE CARE AND TREATMENT OF ALCOHOLISM AND DRUG ADDICTION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Purpose. The purpose of [this act] is to encourage consumers to avail themselves of basic levels of benefits under health insurance policies and contracts for the care and treatment of alcoholism and drug addiction, and to preserve the rights of the consumer to select such coverage according to his medical and economic needs.

Section 2. Definitions. For purposes of [this act], the following definitions apply:

(1) "Inpatient hospital benefits" means benefits payable for charges made by a hospital, as defined in the policy or contract, for the necessary care and treatment of alcoholism or drug addiction furnished to a covered person while confined as a hospital inpatient; and with respect to major medical policies or

contracts, also includes those benefits payable for charges made by a physician, as defined in the policy or contract, for the necessary care and treatment of alcoholism or drug addiction furnished to a covered person while confined as a hospital inpatient.

(2) "Outpatient benefits" means benefits payable for:

(a) reasonable charges made by a hospital for the necessary care and treatment of alcoholism or drug addiction furnished to a covered person while not confined as a hospital inpatient;

(b) reasonable charges for services rendered or prescribed by a physician for the necessary care and treatment for alcoholism or drug addiction furnished to a covered person while not confined as a hospital inpatient; and

(c) reasonable charges made by an alcoholism or drug addiction treatment center for the necessary care and treatment of a covered person provided in the treatment center.

(3) "Alcoholism treatment center" and "drug addiction treatment center" mean a treatment facility which provides a program for the treatment of alcoholism or drug addiction pursuant to a written treatment plan approved and monitored by a physician, and which facility is also:

(a) affiliated with a hospital under a contractual agreement with an established system for patient referral; or

(b) licensed, certified, or approved as an alcoholism or drug addiction treatment center by the state.

Section 3. Availability of coverage for alcoholism and drug addiction. Insurers and health service corporations transacting health insurance in this state must make available under hospital and medical expenses incurred insurance policies and under hospital and medical service plan contracts the level of benefits specified in this section for the necessary care and treatment of alcoholism and drug addiction subject to the right of the applicant for a group or individual policy or contract to reject the coverage or to select any alternative level of benefits as may be offered by the insurer or service plan corporation.

(1) Under basic hospital expense policies or contracts, inpatient hospital benefits consisting of durational limits, dollar limits, deductibles, and coinsurance factors that are not less favorable than for physical illness generally, except that benefits may be limited to not less than 30 calendar days per year as defined in the policy or contract.

(2) Under major medical policies or contracts, inpatient hospital benefits and outpatient benefits consisting of durational limits, dollar limits, deductibles, and coinsurance factors that are not less favorable than for physical illness generally, except that:

(a) Inpatient hospital benefits may be limited to 30 calendar days per year as defined in the policy or contract. If inpatient hospital benefits are provided beyond 30 calendar days per year, the durational limits, dollar limits, deductibles, and coinsurance factors applicable thereto need not be the same as

applicable to physical illness generally.

(b) For outpatient benefits, the coinsurance factor may not exceed 50% or the coinsurance factor applicable for physical illness generally, whichever is greater, and the maximum benefit for alcoholism and drug addiction in the aggregate during any applicable benefit period may be limited to not less than \$1,000.

(c) Maximum lifetime benefits may, for alcoholism and drug addiction in the aggregate, be no less than an amount equal to the lesser of \$10,000 or 25% of the lifetime policy limit.

Section 4. Applicability. [This act] applies to policies or contracts delivered or issued for delivery in this state more than 120 days after [the effective date of this act] but does not apply to blanket, short term travel, accident only, limited or specified disease, individual conversion policies or contracts, or to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as medicare, or any other similar coverage under state or federal governmental plans.

Department of Institutions

Appendix C

SENIOR
THOMAS L. JUDGE

DIRECTOR
LAWRENCE M. ZANTO



BOARD MEMBERS
ZELLA A. JACOBSON, GREAT FALLS
ELDON E. KUHN, BILLINGS
WILLIS M. McKEON, MALTA
DENNIS F. DOLAN, BUTTE
JOHN W. STRIZICH, M.D., HELENA

Helena, 59601

January 18, 1979

Legislative Audit Committee
of the Montana State Legislature
Office of the Legislative Auditor
State Capitol
Helena, Montana 59601

RECEIVED

JAN 19 1979

MONTANA LEGISLATIVE AUDITOR

Gentlemen:

We have reviewed the audit report prepared by the Legislative Auditor, for the Alcohol and Drug Abuse Division of the Department of Institutions.

The report provides a very welcome service and is sincerely appreciated.

Our response to recommendations is attached.

Sincerely,

A handwritten signature of Lawrence M. Zanto in dark ink.

Lawrence M. Zanto
Director

LMZ:jb

Enclosure

RECOMMENDATION

We recommend that the department make the statewide goals and objectives for alcoholism and alcohol abuse treatment available to provider programs prior to providers' submission of grant applications.

Response:

Disagree. To ensure compliance with planning guidelines established by NIDA and NIAAA, the annual state plan is developed utilizing the Federal fiscal year (October 1 - September 30). The funding cycle for alcohol service providers is based upon the state fiscal year (July 1 - June 30). Due to the differences in state and federal fiscal years, it is not feasible to have finalized statewide treatment goals and objectives completed prior to providers' submission of grant applications. However, as was done in FY78-79, regional priorities identified during the regional planning process will be acted upon by the Montana Advisory Council on Alcohol and Drug Dependency to determine statewide funding priorities prior to solicitation of grant applications from service providers. Both statewide and regional priorities will be made available to all service providers along with regional plans before initiation of the funding cycle.

Statewide goals and objectives for the ensuing year will then be developed based upon regional priorities.

RECOMMENDATION

We recommend that the department analyze the state plan to determine if more specific short-term goals and objectives and long-range goals and objectives are needed.

Response:

Agree. The department will analyze its planning process to determine if more specific short-term and long-range goals and objectives are needed during the FY79-80 planning process.

It should be noted, however, that the department is required by Federal law to submit annual alcohol and drug plans and the Health Systems Agency (HSA) is charged with the development of long-range alcohol and drug plans. The ADAD coordinates its long-range planning process with the HSA to ensure consistency with their long-range plan. With the state legislature enacting new laws pertaining to alcohol and drugs every two years, long-range plans developed by the department have been limited to two years.

RECOMMENDATION

We recommend that the department seek authority to establish standards to prevent duplication of services by service area.

Response:

Agree. The department agrees with this recommendation. We do, however, feel the problem as documented in the audit is a legislative problem. With funding for alcohol treatment available from either county or state government, the department "does not have complete authority in administering the statewide alcoholism treatment program."* The Department of Institutions will continue to discourage duplication of services through control of funding available at the state level. The department would like the legislature to clarify this problem and will ask the subcommittee on institutions appropriations to review this problem.

RECOMMENDATION

We recommend that the department discontinue granting provisional approval status to programs not meeting the full approval requirements of the state or seek clarification of the authority for granting provisional approval of programs.

Response:

Agree. The department agrees with this recommendation. We will discontinue the use of provisional approval for programs. In an effort to continue minimum services statewide those programs not meeting minimum standards for approval will receive a limited approval not to exceed 90 days to correct deficiencies. Normally programs are approved for a 12 month period.

RECOMMENDATION

We recommend that the department:

1. Complete a statewide needs assessment prior to allocation of funds.
2. Establish specific funding criteria and communicate those criteria to providers.

Response:

1. Disagree. As indicated in the audit report on page 36, needs assessments were not completed prior to funding allocation in FY77-78. However, as was documented and pointed out to the legislative auditors, statewide needs assessments were completed, acted upon by the Montana State Advisory Council on Alcohol and Drug Dependency and made available to providers prior to allocation of funds in FY78-79. We do not concur with this recommendation since it had already been corrected in FY-78-79.

*"Report on Audit," December 1978, Office of Legislative Auditor, p. 33.

2. Agree. The department will establish specific funding criteria based on regional needs assessments and established effectiveness indicators for each alcoholism treatment service prior to the bidder's conference to be held in Helena in March 1979. At the bidder's conference, the written criteria will be included with the grant application kit and become part of the overall package given out to alcohol treatment programs.

RECOMMENDATION

We recommend that the department formulate effectiveness indicators to measure cost and effectiveness of different types of treatment.

Response:

Agree. The department has already developed new financial reporting forms which will enable us to determine cost effectiveness of different treatment programs. These forms will be implemented in March 1979.

Treatment effectiveness measures will continue to be studied and reviewed by the department in 1979-80. Basic treatment effectiveness indicators based on 78-79 data will be established by March 1, 1979 and communicated to all programs at a "bidder's conference" scheduled in March 1979 prior to grant application submission.

Presently, the department's alcohol and drug abuse division has limited staff to continually monitor program performance relating to compliance or non-compliance of effectiveness indicators.

RECOMMENDATION

We recommend that the department:

1. Enforce provider contract provisions which require the forwarding of program data within ten working days after the end of the reporting period.
2. Evaluate other reasons for delayed reporting of AIS information and reduce the turn around time for issuance of reports.

Response:

1. Agree. The department will send registered letters to all approved programs prior to January 31, 1979. The content of this letter will include section 2 of the agreement between the department and the provider and number 5 of the assurances in the original grant application. Also included will be the following statement: "Failure to submit required reports in a timely manner will be cause for suspension of funding and/or loss of approved status." However, it is our intent to change section 2 of the agreement from 10 working days to the 15th of the following month to ensure that providers have adequate time to submit reports.

2. Agree. The department does recognize the problems in delayed reporting and high turn-around time of data reports.
 - A. Delayed reporting - Along with the corrections mentioned above in item 1, by March 1, 1978 the department's alcohol and drug abuse division will evaluate other reasons for delayed AIS reporting and develop policies and procedures to ensure timely and accurate reporting.
 - B. Reduce turn-around time - As mentioned in the audit report the major reasons for the high turn-around time of the AIS data reports is due to the manual and automated editing process. In January 1979 the ADAD will contact the Department of Administration, Data Processing Division, for formal re-evaluation of the existing AIS system. This evaluation will address reduction of turn-around time for AIS reports.

The following options will be considered:

- A. Expand present automated system edit to eliminate manual edit. This option would re-program edit procedures and would be costly to develop.
- B. Expand or increase manpower working on the manual edit. This would require the hiring of an additional clerical person to assist in the manual edit phase.
- C. Reduce present AIS system - Any reduction of the present system data elements would increase the difficulty for ADAD to comply with its monitoring and evaluation responsibilities and would create problems in developing program effectiveness indicators.

RECOMMENDATION

We recommend the department:

1. Ensure that all providers comply with the division's reporting requirements.
2. Monitor implementation of consistent admission criteria for the individual alcohol treatment programs.

Response:

1. Agree. The department will continue to ensure that providers comply with reporting requirements by:
 - A. Signed assurances in grant applications and contracts.
 - B. Approval requirements and on-site evaluations.

- C. ADAD monthly edit procedures for reporting.
- D. On-going training sessions to provider personnel.

In addition to the already established procedures as noted above, the division will ensure that immediate action will be taken to remove approval status from any provider who fails to comply with reporting procedures.

- 2. Disagree. The department has developed consistent admission criteria. This criteria is explained in the AIS manuals which are distributed to all programs. The division monitors these criteria in the following manner:
 - A. Monthly manual editing and processing of data including constant telephone contact with programs.
 - B. Automated computer edits which reject errors in reporting of admissions.
 - C. On-site evaluations.

The department would like to address the AIS reporting problems pointed out on page 45. However, a discussion of the history and development of the AIS system would help readers better understand the department's disagreements with these problems.

The AIS reporting system was developed by a federal grant in FY76-77 and was implemented in all alcohol programs in September 1977. The ADAD realized that to implement a system of this size, start-up problems would be encountered for at least the first four months (September-December 1977). Also, with the implementation of HB627 in July 1977, the number of new programs increased rapidly during this start-up phase. This created not only an increase in the number of AIS forms to be edited but also the number of provider personnel to be trained.

The data presented in the legislative audit report represents 10 months of data, September 1977 through June 1978. This included the start-up phase data when numerous problems were expected and encountered.

The following are department responses to the reporting problems detailed on page 45:

- AIS reports listed clients coded for specific services not provided by the treatment program. For the 18 programs visited, 84 of the 4,878 clients were coded in error.

During the start-up phase of the AIS, we encountered many coding problems and tried to resolve as many as possible. However, 84 out of 4,878 represents a 1.7% error factor which we feel is a very low error rate considering it included the start-up phase.

-- AIS computer information and manually compiled summary reports conflicted for the number of admissions and discharges for all 18 programs. The total number of admissions recorded by the computer was 5,406, while the summary reports reported 3,939 admissions. Discharges for the computer and manual system were listed as 4,611 and 4,070 respectively.

Comparison of admission/discharge information recorded on the monthly summary reports (MSR's) cannot be considered a reliable check as late admission/discharge reports are not reflected on the MSR's. Therefore, admission/discharge information shown on the MSR's and the computer files will never totally agree.

The primary reason for the large discrepancy between MSR admission/discharge and computer admission/discharge reported in the legislative audit report, is that their data included the AIS start-up phase (September 1977 - December 1977). During the initial implementation of the AIS, the ADAD encountered many problems with providers not being able to accurately fill out the MSR; however, these reporting problems have since been resolved. The ADAD ran the same check used by the auditors but excluded data gathered during the start-up phase. From January - September 1978 we documented 6,493 MSR admissions compared with 6,533 computer file admissions for all state programs. This test resulted in a discrepancy of only 40 admissions (0.6% error). Comparison of discharges for the same period of time showed 5,748 MSR discharges compared to 5,686 computer discharges (a difference of only 62 or 1.0%)

The ADAD utilizes the computer admission/discharge information in all data analysis because late admissions and discharges are updated monthly on the computer files. The monthly summary report is used to collect monthly caseloads, follow-up contacts, prevention/education information, staff hours and to document only the number of admission and discharge forms submitted by providers each month.

Validity of admission/discharge data submitted to the ADAD is verified during on-site program evaluations.

-- Fifteen of the 297 client files examined indicated clients were being readmitted to the same program for further treatment, but were recorded as first admissions. These 15 exceptions were noted in 5 of the 18 programs.

Implementation and edit procedures of the AIS system required programs to show readmission only for clients that had been previously reported on the AIS system. Any client who had treatment prior to September 1977 would have been placed on the system as a first admission and coded as a readmission thereafter. Although a form in a client file may have shown a first admission, this could have been corrected during the edit process at the state level and the form not changed at the program level. The computer will not accept a readmission on a client number unless there is a prior first admission. Further, 15 out of 297 represents a 5% error factor which we feel is a very low rate considering it includes the start-up phase data.

- Two programs serving 83 clients for fiscal year 1977-78 did not report on AIS, but reported on another system for drug programs. This data is not comparable with AIS data.

The two programs referred to in this write-up are alcohol and drug counselors located at correctional institutions. These programs receive federal funds from the National Institute on Drug Abuse (NIDA). Because they receive NIDA funds they are required to report on the drug reporting system. It was the decision of the ADAD not to require these programs to also report on the AIS system as this would have created a heavy reporting burden on these programs.

Although this data is not totally comparable with AIS data, a majority of the information gathered on the drug system can be manually compared to the AIS data (i.e., number of admissions, readmissions, sex, age, race, employment, marital status, discharge, reason for discharge and monthly case load). The ADAD will not burden these programs by requiring them to report on two separate reporting systems. Further, these are unique programs providing alcohol and drug counseling to inmates of state correctional institutions. Comparing these unique programs with other public treatment programs would serve no monitoring or evaluative purpose because the services are delivered in a totally different environment. Correctional programs are and should be compared only with each other.

- Two inpatient program providers did not compile and submit required staff activity reports for parts of fiscal year 1977-78.

Two inpatient providers referred to in this write-up because of their size and number of staff did have initial problems in reporting staff hours and activity to the ADAD in part of fiscal year 1977-78. However, this problem was corrected in fiscal year 1978-79 and these programs are submitting the activity reports as required. Because this write-up was corrected in fiscal year 1978-79, no further response is necessary.

In summary, the ADAD realized that there were reporting problems in fiscal year 1977-78 due to initial implementation of the AIS system. The majority of the reporting problems identified in this audit have been corrected or are considered by the ADAD to be minimal. The ADAD will continue to monitor its admission criteria utilized by individual programs to ensure consistency and accuracy.

RECOMMENDATION

We recommend that the department ensure compliance with federal and state statutes for client file security and content.

Response:

Disagree. With the existing manpower and funds the department does all it can to ensure compliance with federal and state statutes for client file

security and content during on-site evaluations.

- A. File content - During on-site evaluations, file content is always checked at programs by ADAD evaluators. Programs with deficiencies in file content are listed as unacceptable in this category on the ADAD evaluation report. Due to lack of evaluators, follow-up on unacceptable items can only be done by correspondence. Programs must address the correction of all unacceptable items in writing to ADAD within 90 days of an inspection. On-site follow-up evaluation would improve compliance by providers but current staffing levels at the ADAD do not permit on-site follow-up evaluations (1.3 staff to evaluate 44 programs annually).
- B. File security - This is always checked during on-site reviews. The two providers referred to in this audit were complying with the federal and state security standards:
 1. Program kept files in a locked desk instead of a locked file cabinet;
 2. Program has a cross reference Rol-O-Dex that contains client information. This device is locked in a file cabinet after working hours.

Both of these programs will be notified in writing to review their file security procedures and if possible strengthen controls prior to February 1, 1979.

RECOMMENDATION

We recommend that the department:

1. Enforce provisions for collection of client fees for programs providing intermediate treatment.
2. Consider requiring collection of client fees based on ability to pay for other treatment services provided.

Response:

1. Agree. We will ensure that all intermediate care programs receive a copy of section 20-2.26 S310 (10)(b) of the Administrative Rules of Montana by January 1, 1979. We will also include this rule in the grant application kit, in agreements with intermediate care providers and in the program evaluation reviews which will ensure that all intermediate care facilities have a policy for collection of client fees. We will also monitor collection of client fees by March 1, 1979 when our new program expenditure and revenue reports are implemented.
2. Agree. We will consider by July 30, 1979 requiring collection of client fees based on ability to pay for other treatment service providers by analyzing the success of programs who have developed and implemented sliding fee schedules.

RECOMMENDATION

We recommend that the department evaluate its communication system and establish effective communication with alcoholism treatment providers.

Response:

Partial Agreement. The department does not agree with the findings that significant communications problems with providers exists; however, we will evaluate our current communications system and correct any weaknesses identified. We will also take steps to develop a documented and more structured system for communication with alcoholism treatment providers by January 31, 1979.

RECOMMENDATION

We recommend that the department:

1. Comply with the records retention schedule established in the Montana Operations Manual.
2. Obtain approval from the State Records Committee before disposing of records.

Response:

1. Agree.
2. Agree.

RECOMMENDATION

We recommend that the department:

1. Reorganize personnel files and ensure that personnel files are complete.
2. Consider requiring that employees sign all payroll status forms for changes in rates of pay and payroll deductions.

Response:

1. Disagree. The department maintains, in conjunction with the personnel files, a complete and up to date payroll file. The personnel files do not need to be reorganized, they need to be updated with the information contained within the payroll files.
2. Will consider. Being that the department has not had any errors due to misunderstanding regarding employee pay rate changes and payroll deductions the department will continue with its past practices.

RECOMMENDATION

We recommend that the department:

1. Review transfer warrant claims for coding to appropriate appropriations, year, expenditure identification code and program.
2. Ensure that document numbers are logged immediately to avoid duplicate document numbers.

Response:

1. Partial Agreement. the legislative auditor is correct in stating that two claims were charted to an incorrect appropriation, one claim was coded to the wrong expenditure I.D. and a claim was coded in error to the ADAD program. The department does not agree that a claim for \$10,007 should have been recorded as a prior year expenditure. The facts are there were two transfer warrant claims (#310008, 310014), both claims were paid from a continuing appropriation and as such are legitimate expenditures to current year expenditures (nominal control account 5201 budgeted expenditures).
2. Agree.

RECOMMENDATION

We recommend that the department accrue all alcohol and drug contracts expenditures at fiscal year-end.

Response:

Agree. In fiscal year 1978 the department made every effort to accrue all known expenditures and followed the Montana Operations Manual on expenditures required after fiscal year closing.

RECOMMENDATION

We recommend the department comply with the Administrative Rules of Montana in requiring miscellaneous travel expenses of \$10 or more to be supported with receipts.

Response:

Agree. The department will closely monitor miscellaneous travel expenditures.

RECOMMENDATION

We recommend that the department:

1. Establish an alcoholism treatment provider file sign-out system for use by department personnel.
2. Require alcoholism treatment program personnel to notify the Department of Institutions when a name or address change occurs in the program.
3. Establish a file indexing system for individual alcoholism treatment provider files that includes a cross-reference listing of all provider name changes.

Response:

1. Agree. A provider file sign-out system will be implemented by February 1, 1979.
2. Agree. All treatment programs will be required to notify the department of a name change. This provision will be placed in the FY79-80 contract provisions plus a letter will be sent to each program informing them of the need to notify the department of any name change.
3. Agree. Once item 2 is corrected, this recommendation will be implemented.

RECOMMENDATION

We recommend that the department:

1. Date-stamp all incoming correspondence from the alcoholism treatment providers.
2. Ensure that expenditure statements and supporting documentation are appropriately dated as paid.
3. Ensure that support for all provider payments and reasons for nonpayment are documented in the individual provider's file.

Response:

1. Agree.
2. Agree.
3. Agree.

RECOMMENDATION

We recommend that the department review the provider payment process to expedite the payments to alcoholism treatment providers.

Response:

Agree.

RECOMMENDATION

We recommend that the department:

1. Establish a written policy regarding the amount of allowable cash advances distributable to the providers.
2. Require that written justification for advances be submitted to the ADAD by all providers.
3. Establish a policy for closing out contract advances before fiscal year end.

Response:

1. Agree. The department will establish a written policy regarding the amount of allowable cash advance distributed to the providers by May 31, 1979.
2. Agree. As part of written policy regarding advances this will be established by May 31, 1979. A section will address written justification required for any advances given to alcohol providers.
3. Agree. The ADAD will work with the Management Services Division to develop a section which will be included in our cash advance policy by May 31, 1979. This section will address the closing out of contract advances before fiscal year end. The policy will be stringent enough so that providers will only be able to use the advance for the purpose intended in their request yet liberal enough to ensure that providers do not develop cash flow problems because of it.

A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

OVERVIEW

1. Program Name: _____

2. Program Address: _____

3. Program Director: _____

4. Services Provided:
- | | |
|--|---|
| ☐ Detox (medical) | ☐ Intermediate Care |
| ☐ Detox (non-medical) | ☐ Outpatient |
| ☐ Inpatient | ☐ Other _____
(Specify) |
5. Type of Evaluation _____

6. Evaluator(s) Name(s): _____

7. Date of Evaluation: _____
8. Status: ☐ Approved
☐ Approved with Conditions
☐ Unapproved

FINDINGS AND RECOMMENDATIONS

I. ORGANIZATION & PROGRAM MANAGEMENT

A. Structure

1. Org. chart developed & up to date: A B C

A B C

- 2. Lines of authority & reporting relationships clear & communicated to staff:**

A B C

- ### 3. Delegation of authority (personnel, training, financial, treatment, etc.):

A B C

B. Goals & Objectives

- 1. Written & measurable objectives:**

A B C

- ## 2. Board, Director & Staff Participation:

A B C

3. Communicated to Staff & Community: A B C

A B C

- 4. Monitored:**

A B C

C. Program Self Evaluation:

- ## 1. Program Compliance

A B C

- ## 2. Program Effectiveness:

A B C

D. Policies, Procedures & Plans

- 1. Development of all required program policies & procedures:**

A B C

EVALUATOR'S SIGNATURE _____

CODES

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

2. Development of all required personnel policies & procedures:

A B C

3. Development of financial & accounting procedures:

A B C

4. Manuals developed, organized and in a ammendable format:

A B C

5. Policies distributed to, and understood by all staff:

A B C

6. Board, Director & Staff participation & approval:

A B C

E. Governing/Advisory Board

1. Bylaws &/or Policies:

A B C

2. Responsible members representing community:

A B C

3. Meet as required, quorum present & minutes kept:

A B C

4. Governing Board monitoring & directing, (Advisory Board guiding & advising) Program operation:

A B C

F. Facilities

1. Adequate facilities, large or small, clean & well maintained, safe:

A B C

2. Licensed (Residential only):

A B C

3. Insurance:

A B C

4. Security:

A B C

II. PERSONNEL MANAGEMENT & STAFF DEVELOPMENT.

- A. Job Descriptions, Classification & Certification:

1. Job descriptions for each position:

A B C

EVALUATOR'S SIGNATURE _____

CODES

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

2. Job descriptions complete & contain minimum qualifications:

A B C

3. Classification system which differentiates between levels of responsibility:

A B C

4. Personnel meet job description requirements:

A B C

5. Staff meet state certification requirements or applied for:

A B C

6. Program documentation of staff certification needs:

A B C

B. Personnel Files & Staff Performance Evaluation:

1. Personnel file for each employee:

A B C

2. Contain all required items:

A B C

3. Staff performance evaluations conducted & documented:

A B C

C. Staff Development & Training

1. Training plan established & compliance with plan:

A B C

2. Staff attending training & documentation of training received:

A B C

3. New employee orientation & training:

A B C

D. Use of Volunteers

1. Selection criteria:

A B C

2. What services volunteers used for; & training criteria:

A B C

3. Volunteer hours recorded:

A B C

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

E. Turn over Rate, Vacancies, Staff Availability & Staff Client Ratio

1. Waiting lists used & excessive:

A B C

2. Staff able to meet clients requests for services:

A B C

3. Professional Counseling Staff/Client Ratio:

A B C

4. Professional Staff Turnover Acceptable:

A B C

5. Vacant position filled in reasonable time:

A B C

F. Subcontracts & Service Agreements

1. Existence of written sub contracts or agreements for services that the program pays:

A B C

2. Do agreements contain minimum requirements:

A B C

III. CLIENT TREATMENT

A. Treatment Process & Services Provided:

1. Admission & Intake:

A B C

2. 24 hours, 7 days a week:

A B C

3. Referral:

A B C

4. Termination or Discharge:

A B C

5. Follow up or Aftercare:

A B C

6. Counseling:

A B C

7. Rehabilitation (vocational):

A B C

8. Community Education:

A B C

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

9. Job Development & Placement:

A B C

10. Legal Services:

A B C

11. Medical Services:

A B C

B. Residential Programs

1. Food Service :

A B C

2. Recreation Service:

A B C

3. Medical:

A B C

4. Personal Hygiene:

A B C

5. Resident Admission Register:

A B C

C. Outpatient

1. Outreach Philosophy:

A B C

2. Outreach Activities :

A B C

D. Client Census & Reporting

1. Does program report client, staff hours, & other data requested:

A B C

2. Reported vs Documented Census:

A B C

3. Bed Utilization:

A B C

4. Length of Stay:

A B C

E. Client Records

1. Admission Date:

A B C

2. Social (Personal) History:

A B C

EVALUATOR'S SIGNATURE _____

CODES

- A STRENGTHS - No Action Required
B ACCEPTABLE - Action Recommended
C UNACCEPTABLE - Action Required

FINDINGS AND RECOMMENDATIONS CON'T.

A. Drug History (Drug Program):

A B C

B. Primary Drug of Abuse (Drug Programs):

A B C

3. Medical History:

A B C

A. Physical Exam (Drug):

A B C

B. Lab Tests:

A B C

4. Progress Notes:

A B C

5. Treatment Plan:

A B C

A. Treatment Plan Assessment:

A B C

6. Reasons for Termination:

A B C

7. Aftercare or Follow-up:

A B C

8. Referrals:

A B C

9. Client records organized & uniformly maintained:

A B C

10. Client records stored in locked file cabinets:

A B C

Appendix E

MINUTES

WOMEN'S TASK FORCE ON SUBSTANCE ABUSE

Colonial Inn
Helena, Montana

March 2, 3, 4, 1979

The Women's Task Force on Substance Abuse met on March 2, 3, and 4, 1979 at the Colonial Inn, Helena, Montana.

MEMBERS PRESENT:

Marilyn Thorne, Chairman
Gladys Elison
Kay Hanrahan
Martha Herlevi
Helen Wilson
Carolyn Zirmet

ALCOHOL AND DRUG ABUSE DIVISION STAFF:

Norma Jean Boles
Joan Rutledge
Cathy Sahinen

MEMBERS ABSENT:

Melvin Johnson, M.D.
Carol Judge
Helen Murray
Luana Paul
Sherry Pettit
Char King
Pat Knierim
Peggy Skelton
Karen Sloulin

Members of the Task Force met on Friday evening.

The meeting was convened on Saturday morning, March 3, 1979 at 9:00 a.m. by Marilyn Thorne. She turned the meeting over to Joan Rutledge and Norma Jean Boles who reported on the three grants, The Family Recovery Project, submitted by Montana Council on Alcoholism, The Missoula General Hospital Grant, and the South Central Montana Mental Health Center Grant. The Missoula General Hospital Grant was discussed. Proposal submitted offers foster homes, day care, career planning, and medical career planning. This will be extended over a three to six month period. There is a \$250,000. ceiling, holding a capacity of 60 women a year. The Center during the day will hold six in residence. The Task Force voted to submit a letter of support.

The Family Recovery Project was reviewed. Helen Wilson read the letter submitted for the Grant. The Task Force agreed they could not support this proposal as it presently exists. A letter of review and comment was formulated by Gladys. The Task Force voted to second this letter. The duties of the Montana Council on Alcoholism was brought up. Kay stated that it started with Neil Scott, as NCA Staff Person, Boyd Andrew, Board Chairman, and Ron Spurlin as an Executive Director. Several members of the Task Force were interested in learning more about this organization. It was suggested by Martha Herlevi that perhaps Mr. Spurlin could speak to the Task Force sometime in the near future.

Helen reported on the South Central Mental Health Center's Grant. This Grant includes a large number of single parent, low income housing with battered women and family monies going for training. Police have backed up the counselors. The counselors will be deputized so they will be able to help these people and have protection. Rimrock Foundation and the Sheriff are also in full support. This will go over a three year period. \$350,000 includes housing for battered women, not residential treatment. Women will be given \$20.00 a month for cigarettes, etc. State sent a letter of recommendation. Training will also be available for husbands of battered wives. The Task Force supported this Project.

Copies of three legislative bills were discussed. A letter was drawn up in opposition of these three bills by Gladys Elison.

Joan passed out copies of the policy statement and corrections were made. Motion was moved for acceptance of the policy as corrected and seconded. All in favor, none opposed.

The remainder of the meeting was devoted to the development of specific recommendations. These recommendations are attached.

Respectfully submitted,

CATHY SAHINEN, Secretary

MINUTES

WOMEN'S TASK FORCE ON SUBSTANCE ABUSE

Colonial Inn
Helena, Montana

October 14, 15, 16, 1978

The Women's Task Force on Substance Abuse met on October 14, 15, and 16, 1978 at the Colonial Inn, Helena, Montana.

MEMBERS PRESENT:

Marilyn Thorne, Chairman
Gladys Elison
Kay Hanrahan
Char King
Pat Knierim
Peggy Skelton
Karen Sloulin
Helen Wilson
Carolyn Zimmet

ALCOHOL & DRUG ABUSE DIVISION STAFF:

Alice Berg
Norma Jean Boles
Candis Compton
Joan Rutledge

MEMBERS ABSENT:

Martha Herlevi
Melvin Johnson, M.D.
Carol Judge
Helen Murray
Luana Paul
Sherry Pettit

OTHERS:

Candice Hundley, Mental Health & Residential Services
Lynn Scott, Editor, "Habit"

Members of the Task Force met on Friday evening to review the presentation "Reflections in a Glass," a part of the NIAAA women's course, Decisions on Drinking.

The meeting was convened on Saturday morning at 9:00 a.m. by Marilyn Thorne. She read correspondence from Mr. Terry Stanclift in response to the concern of the Task Force that Women's Issues in Treatment was not included as a part of the criteria for counselor certification. Mr. Stanclift will meet with the group after lunch to explain this in detail. Discussion.

REPORTS:

Norma Jean Boles reported on the financial status of the Task Force. Each meeting costs approximately \$1,600 depending upon the place held. The total budget is \$13,472.87.

Joan Rutledge reported on the following:

- 1 - MT State Plan review, Washington, D.C.
- 2 - Proposals:
 - a. Mental Health Center - Billings, is submitting a grant proposal dealing with women. This is a very comprehensive proposal covering low income group women and battered women. Helen Wilson has been working with the submission of this grant.
 - b. The Missoula General Hospital application was rejected; however, they have been contacted and asked to re-submit the proposal at a later date.
- 3 - Lynne Scott was introduced as the editor of the "Habit," a bi-monthly publication of ADAD.
- 4 - "Here's Looking At You," the curriculum developed for use by the public school system, was discussed and samples were distributed. The curriculum covers stress, coping and decision making and appears to be very well done. It is adapted from the State of Washington.

Char King spoke on the study has has recently completed which will be released soon. It's emphasis is on women in rural areas. This was discussed. She pointed out that there are severe limitations when dealing with these women - jobs or alternatives are scarce, counselors deal with a crisis situation for the most part and have a short term relationship with the clients which at best is tenuous. She felt some of the recovery roadblocks were that there were no comprehensive women's services available and no working relationship between service providers. Each provider said they made referrals, but in most instances no follow-up is made and the referral is not effective.

Candis Compton spoke on the Employee Assistance Program. She stated in this program, women's needs are being met. Appointments are made and a follow-up is done to see that it has taken place and has been effective. She has worked in setting up this program with other businesses establishing occupational alcohol programs and women's issues are dealt with. A copy of the EAP policy is included with these minutes.

Helen Wilson repored on the grant submitted by the Mental Health Center in Billings. Gladys, Joan and Helen will review this proposal and make a recommendation for support.

Norma Jean Boles discussed the individual chapters from the book, "Women and Alcohol: A Guide for State and Local Decision Makers."

After a break for lunch, Terry Stanclift met with the group to explain the standards for certification for both alcohol and drug counselors. A "Core" or basic group of courses must be completed and additional training in either the

alcohol or drug field completed to be a certified counselor. Women's Issues in Treatment is included in both of these specialty areas and it is not likely that any certified counselor would not take the course. A discussion on the frequency which the course is offered and the costs involved was held. Mr. Stanclift also spoke on the proposed training to be offered for college credit through the State University System. It is anticipated that Eastern Montana College will have this training available beginning in November of this year. In addition to Eastern, it is expected that courses will also be available from Dawson College, Glendive, College of Great Falls, Montana State University, Bozeman, and the Flathead Valley Community College, Kalispell. Pat Knierim suggested that the group support and give assistance in developing additional courses which are not financially feasible at the current time.

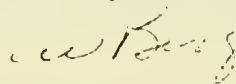
A discussion on "Reflections in a Glass" was held. It was the consensus of the group that they had no objection to the course but would not endorse it. Several of the members volunteered to take the package and present it to groups of women for their response.

Work was begun on the development of a policy statement. This will be completed and mailed to members.

Some of the issues the members felt were essential were research - where do we have enough information and where to we need or recommend additional research; remoteness of the target group in many instances - how is this to be dealt with. Priorities are early identification and prevention, innovative treatment and research. Treatment will be covered at the next meeting.

A discussion on a date and place for the next meeting was held with the anticipated date January 5, 6 & 7 and the place possibly Billings. The meeting was adjourned.

Respectfully submitted,



ALICE BERG, Secretary

MINUTES

WOMEN'S TASK FORCE ON
SUBSTANCE ABUSE

The Women's Task Force on Substance Abuse met on August 12 & 13, 1978, at the Northern Hotel.

MEMBERS PRESENT:

Gladys Elison
Kay Hanrahan
Martha Herlevi
Melvin Johnson, M.D.
Marilyn Thorne
Helen Wilson

ALCOHOL & DRUG ABUSE DIVISION STAFF:

Norma Jean Boles
Candis Compton
Carrie Larsen
Joan Rutledge

MEMBERS ABSENT:

Carol Judge
Pat Knierim
Helen Murray
Luana Paul
Sherry Pettit
Peggy Skelton
Karen Sloulin
Carolyn Zimmet

August 12, 1978

Norma opened the meeting by reading the resignation letter from Rod Gwaltney, Task Force Facilitator, who has accepted a training position with the National Institute on Drug Abuse, Western Regional Support Center in Salt Lake City, Utah. Members accepted the resignation with regret and will send letter to Rod. Candis Compton from the Alcohol and Drug Abuse Division was introduced as Rod's replacement.

Norma Jean Boles discussed the need for a stronger focus in FY 1979. A work plan delineating concrete goals and objectives is essential for the next year. Task Force members agreed to develop an action strategy before adjournment of this meeting. An NIAAA initiative paper regarding women and alcohol was explained and distributed to all members. One hour was given to allow Task Force members to read the initiatives.

Joan Rutledge gave an overview of proposals submitted to NIAAA to establish treatment services for women. The two proposals from Montana were:

- 1) Missoula General Hospital - to establish a comprehensive treatment program for women substance abusers.
- 2) Amelia House - to establish a transitional living facility in Helena for women alcoholics.

The staff noted that the state office supported both proposals and NIAAA will make a decision by September 1, 1978.

Martha Herlevi stated that Don Holmes had mentioned to her that he and Ted Fasso (Denver Regional Office) had developed a short term treatment program for women at Galen. Task Force members questioned the feasibility of this program. Staff agreed to investigate this program, at the request of the Task Force, as they had no prior knowledge that these services existed at Galen.

At this point, Joan Rutledge distributed the "Comprehensive Plan for Alcoholism and Drug Abuse - FY 1979" and pointed out the section of the plan dealing with women. The responsibilities of the Task Force were reviewed at this time.

Statistics which were presented at the last meeting were handed out by Joan and discussion followed.

Dr. Johnson gave an overview of Missoula General Hospital's proposed treatment center for women. Dr. Johnson solicited ongoing input from the Task Force relating to delivery of appropriate treatment services for women. Discussion followed. No action will be taken until NIAAA's notification in September. If funded, the Missoula General Hospital program will be discussed at the September meeting.

Norma Jean Boles pointed out the unique features of Missoula General Hospital's proposed treatment center for women. These were:

- 1) Special medical services for women.
- 2) Intensive child care services which include developmental testing and evaluation. Also provisions have been made to allow school aged children to enter the Missoula school system.
- 3) Separate treatment services for women with the long term goal of integrated services for women and men.
- 4) Optional treatment cycles which provide for continuity of care.

The Task Force adjourned at 10:30 a.m. for one hour to review NIAAA's proposed initiatives regarding women. At 11:30 a.m. the Task Force reconvened to complete the questionnaire regarding the initiatives. Initiatives were prioritized into the following order:

- 1) Early Identification and Referral
- 2) Development of Enhanced Treatment Capacity for Women
- 3) Fetal Alcohol Syndrome

The questionnaire was completed based upon lengthy discussion of NIAAA's proposed approach to women alcoholics. It was decided that the questionnaire would be submitted with an accompanying letter of explanation stating Montana's concerns to NIAAA.

Jean Kirkpatrick's program "Women for Sobriety" was explained by Norma Jean. The Task Force members expressed an interest in learning more about this program as a possible support group for women. Several members suggested that we order Jean Kirkpatrick's book and suggested program format out of Task Force funds. Norma Jean volunteered to obtain this material before the next meeting. Norma Jean also noted that there is a "Women for Sobriety" group in Billings and suggested we invite a representative from the Billings group to speak to the Task Force. All members agreed this was a good idea. Norma Jean will get the name of the representative and invite her to a Task Force meeting.

Kay Hanrahan noted that training in Women's Issues was not included in the core standards for certification of counselors. The Task Force felt that training in Women's Issues is very important and should be included in counselor certification core standards. The Task Force recommended that a letter be sent to the State Certification Committee urging that Women's Issues be included in the core standards for counselor certification. It was also recommended that the training course "Women's Issues In Treatment" be offered more than one time this year and a letter to this affect be sent to Terry Stanclift, Training and Certification Section Manager, Alcohol and Drug Abuse Division.

Norma Jean Boles asked the Task Force members to give consideration to the agenda items scheduled for Sunday. These items included:

- Structure of the Task Force
- Detailed Work Plan

Gladys Elison requested information about the Task Force budget so that members would be better able to develop a realistic action plan. Members also felt that having budget figures would be necessary to make a tentative schedule of future Task Force meetings.

Norma Jean Boles responded that to her knowledge there was \$8,000 in carry-over funds from FY 1978 and that this money was guaranteed until September 30, 1978. Task Force members (Marilyn Thorne, Gladys Elison and Helen Wilson) requested that staff request that this money be committed to the Task Force as carryover into FY 1979. Norma Jean also mentioned that \$5,000 of alcohol formula grant funds had been allocated for the Task Force to continue their activities in FY 1979. Members then referred to the proposed budget on page 146 of the FY 1979 State Plan for Alcohol and Drug Abuse which detailed the utilization of alcohol formula grant funds. It was concluded that the Task Force would have an operational budget of approximately \$13,000.

The meeting was then adjourned until the following morning at 9:00 a.m.

On Sunday, August 13, the meeting reconvened at 9:00 a.m.

The first item discussed was the Task Force structure. It was suggested that a Chairperson, other than ADAD staff, be elected. Helen Wilson nominated Marilyn Thorne as Chairperson and Kay Hanrahan as Vice-Chairperson. Kay questioned whether her serving as Vice-Chairperson would be a conflict of interest since she was employed in an alcohol program as well as a member of the State Advisory Council on Alcohol and Drug Dependency. It was decided that this would not be a conflict of interest and Kay would represent the interests of Eastern Montana. Martha Herlevi made the point that either the Chairperson or Vice-Chairperson must attend each meeting, this was agreed upon unanimously by the group. A discussion of the responsibilities by the Chairperson ensued. Martha Herlevi made a motion that the election of Marilyn as Chairperson and Kay as Vice-Chairperson be accepted as a unanimous vote, this motion was seconded by Helen Wilson and all members voted aye. Motion carried.

Joan Rutledge questioned whether ADAD staff would be given the right to vote as Task Force members. Discussion followed. Helen Wilson moved that staff people (Joan Rutledge, Norma Jean Boles and Candis Compton) have the right to vote on all matters that come before the group. This was seconded by Marilyn Thorne and Martha Herlevi called for a vote. All members voted aye. Motion carried.

Martha Herlevi brought up the function of the Montana Council on Alcoholism and how the Council could affect the Task Force. Kay suggested that a member of the Montana Council serve as a Task Force member. It was pointed out that Sherry Pettit is a board member of the Montana Council as well as a Statewide Task Force member and could represent both groups. Martha suggested that the Task Force may want to consider paying the \$300 membership fee to the Montana Council. It was decided that no action be taken at this time pending a presentation by a representative of the Montana Council. This will be scheduled for a later Task Force meeting.

Staff questioned whether a procedure should be established regarding poor attendance at Task Force meetings. Martha Herlevi moved that if a Task Force member misses two consecutive meetings without notifying the Chairperson or the State office then the Chairperson will contact the member to discuss their commitment to the Task Force. Kay Hanrahan seconded the motion and all members voted aye. Motion carried.

Discussion followed on the number of meetings to be held. It was decided that monetarily the Task Force cannot afford to meet every month; however, every 2 months (6 meeting per year) would be feasible. The location will probably be in Helena or Billings since those cities are more accessible to all members. Norma Jean agreed to give a cost analysis of previous meetings to Marilyn.

The Task Force again discussed their overall responsibilities, including the responsibility to serve as a policy making body which oversees treatment as it pertains to women substance abusers. The question was raised as to whether the Task Force had enough data to make policy decisions at this time. Discussion followed that data collection must be done on an ongoing basis. It was noted that Char King is conducting a research study in Region V regarding the effectiveness of existing treatment services for women and unmet needs as perceived by women who have completed treatment.

Gladys Elison suggested that we develop a policy statement for alcohol and drug abuse as it relates to women. Discussion followed and the Task Force began to formulate a work plan based upon Gladys's suggestions. Some issues she felt should be addressed were broken down into two broad categories: Planning and Action. Planning should include: 1) continuing information gathering, 2) policy on early identification and referral, and 3) policy on treatment modalities. Action would include such issues as legislative influence, administrative influence, review of local and regional treatment plans, encouragement of local treatment units to implement Task Force policies, review of grant request specific to women.

A work plan was set up for the next six meetings which would cover several broad areas with the long-term goal being the development of a policy statement. The subjects to be addressed in the next six meetings are:

1. Early Identification and Referral - Alcohol
 - Self
 - Others
 - Education/media, schools,
community, business
2. Early Identification and Referral - Drugs
3. Develop Policy on Early Identification -Alcohol
and Referral
4. Treatment Modes -Alcohol
5. Treatment Modes -Drugs
6. Develop Policy on Enhanced Treatment -Drugs
Capacities

It was suggested that alcohol and drug issues should be discussed separately as the majority of the Task Force discussions have been primarily alcohol related, with little mention of drugs.

Kay Hanrahan moved that the grant review process should be done by a sub-committee of three (one from ADAD and two others) this committee would make recommendations to the Task Force on proposals which are specific to women and substance abuse. This motion was amended by Helen Wilson to specify that the committee be an ad hoc committee comprised of one member from ADAD and two others selected from the Task Force by the staff member. Selection of Task Force members to serve on the committee would be on a rotating basis. Motion was seconded by Gladys Elison. Marilyn called for a vote. All members voted aye. Motion carried.

Norma stated that Dorothy Ellis from the State YWCA mentioned that their organization's priority for the year is prevention and education as it affects alcohol and drug abusing women. The Task Force was supportive of this project and requested that Norma notify Ms. Ellis that a member of the Task Force would be available to speak to them at one of their meetings. Gladys suggested that we set aside Friday evenings (7-0:30 p.m.) prior to

regularly scheduled Task Force meetings to review relevant prevention, education materials, such as films and prevention packages. Staff will report on status of substance abuse curriculum in schools at the next meeting.

Marilyn requested that each Task Force member submit a written summary to her prior to the next meeting regarding subjects to be addressed next time. These written summaries are to be mailed to her before the meeting so that she can review them and present a summarized report to the Task Force. Since there are many similarities to the early identification and referral of alcohol and drug abusers, Marilyn requested that members address both alcohol and drug issues and write them on separate sheets of paper. The areas of early identification which should be included in the written summaries are: education, prevention, referrals (hot line), intervention, training, outreach, self-identification and identification by others. Dr. Johnson suggested that the Task Force may want to investigate the hot line, Dial-A-Bottle, which is being utilized by other states and was started in Seattle. Dr. Johnson will try to get information to all members before the next meeting.

A meeting has been tentatively scheduled for September 23-24, 1978. Marilyn will notify members regarding the location.

Kay Hanrahan suggested that state staff send out a press release. Gladys Elison felt that the press release should be sent to all major papers within the state and should identify Task Force members within specific regions. It was determined that the press release should report on the Task Force activities after each meeting.

The meeting was adjourned by Marilyn at 11:30 a.m.

Respectfully submitted,

Carrie Larsen

CARRIE LARSEN, Recorder

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WOMEN'S TASK FORCE ON
SUBSTANCE ABUSE

Colonial inn -- May 20, 1978

The Women's Task Force on Substance Abuse met on Saturday, May 20, 1978 at Colonial Inn beginning at 9:00 a.m.

MEMBERS PRESENT:

Gladys Elison
Kay Hanrahan
Martha Herlevi
Pat Knierim
Sherry Pettit
Peggy Skelton
Marilyn Thorn
Carolyn Zimmet

VISITORS:

Char King, Region V Alcohol & Drug Abuse Council, Polson
Mary Lebens, Gallatin Council on Health & Drugs, Bozeman
Delores Wordell, Helena

STAFF:

Bob Anderson, Chief, Reporting & Evaluation Bureau
Alice Berg, Secretary
Norma Jean Boles, Alcohol Consultant, Task Force Chairman
Candis Compton, Employee Assistance Program
Rod Gwaltney, Prevention & Education, Task Force Facilitator
Joan Rutledge, Planner

Norma reported that Bob Anderson had attended the NIAAA bidder's conference in Washington, D.C. regarding the RFP (request for proposal) for the grant and stated that Bob will attend this meeting in the afternoon to give more specific information.

Sherry reported on the recommendation from the Advisory Council which met on Friday. They felt the Task Force should make the recommendation for the RFP and had no objection to a federally funded pilot project with the understanding that the State was not likely to have available funds to continue the project.

Rod called for reports from members:

Gladys had contacted the Western MT Bar Association and found that they had no information regarding alcoholism, but did utilize community mental health centers. She has spoken with the LEAA Executive Director for Region V and they have no training or educational programs specific to alcohol problems with the exception of how to handle a family disturbance. No referrals are made. She has sent a survey to the Ministerial Association but the response is not in. It will be sent to Joan upon completion.

Key had reviewed a computer printout on alcohol studies from the National Clearinghouse. She stated it was difficult to ascertain but it appeared that in men guilt played a big role but in women depression had a greater effect than guilt. A dual addiction (alcohol and drugs) was a factor as well as the body chemistry of women. Psychological factors - are they pre-existing or the result of alcoholism was not determined. The female alcoholic utilized mental health services to a greater extent than men and do seem to require a longer or different follow-up than males. She stated the booklet "Women & Alcohol" which had been distributed at the last meeting was excellent. Also, the economic factor had an impact on the female alcoholic.

Sherry contacted the Professional Review & Standards Organization but had not received information requested. It appeared it would take an official request from the ADAD office for the Department to get the information but a large amount of statistics would be available from them covering sex/alcohol related medical problems and acute care. Cooperation between agencies was discussed.

Helen Stated that her investigation had covered service clubs and it appeared that if they had a "package deal" they could concentrate on for a short period they would cooperate but she had no information as yet.

Gladys gave a report that the Zonta Club in Missoula had started an acute care/ battered women's facility there and all cases were directly related to alcohol abuse. There have been a number of facilities of this type in the state recently and all have been overwhelmed with the response.

Helen questioned the involvement of law enforcement and alcoholism counselors. ADAD has \$15,000 for law enforcement training. Currently, only crisis intervention is done and they make no referrals or recommendations at all.

Marilyn had contacted some of the major employers in the State of Montana and found that some do have employee assistance programs available to both male and female employees. It appears they are utilized by males to a greater extent but do include women - in most instances these would be secretaries, etc. Burlington Northern, several banks, Cargill Grain, Mountain Bell, General Mills and Hoerner Waldorf were among the companies who had programs. The Anaconda Company, Blue Cross, Buttreys and D.A. Davidson were some who did not.

Carolyn spoke of the lack of available information/statistics. From her experience (Corrections) the younger females have a dual abuse problem and the older group prescription drug/alcohol problems. The influence of the male with whom the female is involved plays a large role in the female behavior. She has found it seems to be easier to eliminate drug abuse than alcohol and persons with a benevolent personality are more apt to be abusers. A tenth grade education, 31.2 years of age, 80% mothers is the average. The female offender has a "macho" feeling which may influence her abuse and she felt the female has a wider range of reasons for becoming an abuser.

Dr. Johnson spoke on "alcoholism" which he used as a title. He stated there was lots of opinion but little truth in this field. The number one problem, he felt, was identification and early intervention. He gave some reports on experimental programs which were in progress and the involvement of body chemistry and other drugs with alcohol/alcoholism. He estimated that 30% of the

abusers were only drug abusers and "what will the people say" had a big impact on treatment of alcoholism - or lack of it. Confidentiality was a barrier to getting statistics but he could secure information from other countries which may be informative. He stated in treating the female alcoholic you had to treat the whole woman and talked about the detox problems when both alcohol and drugs are involved. A question and answer session was held.

Joan reported that statistics from ADAD show that only 16% (487) of the #,049 clients admitted to alcohol treatment programs in the state are women. There is a higher percentage of Native American women in treatment than Caucasian. This was discussed. Sixty-six percent are self referrals and 67% are unemployed. Drug abuse statistics show 33% female with 70% white and 30% Native American. Discussion.

Norma Boles spoke on the results of the National Coalition report which is out. All states seemed to have similar problems:

- a. Scope unable to be totally addressed due to lack of data
- b. Stigma of being a female abuser
- c. Dual addiction problems
- d. Other health related problems
- e. Alcoholism in female (mothers) more detrimental to children than when male (father) is affected
- f. Women are unemployed or under employed
- g. Rural women tend to use alcohol as an escape

Solutions suggested included:

- a. Better data systems
- b. Resource efforts improved
- c. More facilities for women's treatment
- d. Ancillary services provided
- e. Health problems addressed
- f. Public awareness

Treatments suggested:

- a. Health care including gynecological, etc.
- b. Health education
- c. Child care
- d. Outreach

The meeting facilitator, Rod Gwaltney, stated the office has had inquiries from Utah and Colorado regarding the status of this Task Force. Discussion.

Delores Wordell was introduced at this point and she spoke on her recent attendance at the Johnson Institute. She has requested funds from the Alcohol & Drug Abuse Division to operate a half-way house in Helena for female abusers. She stated that only 8% of the female alcoholics are impacted currently from an estimated 15,000. Nationwide statistics show 8.5% of the population is alcoholic.

After a noon break Bob Anderson, Chief of the Reporting & Evaluation Bureau, ADAD, spoke to the group on his attendance at the bidder's conference in Washington, D.C. regarding the RFP for the women and youth proposal. He stated the deadline for receipt of applications in Washington is June 25 and it appeared the Task Force had four choices to make regarding submitting an RFP:

1. Develop a State proposal and operate a State facility
2. State develop an RFP and contract with a community/program/agency
3. Community programs develop and submit RFP
4. Not submit a proposal

He stated rural needs may have the advantage it was felt, but NIAAA would not say how much money was available or how many RFP's would be funded. The time involved in submitting a proposal was discussed and the task force members felt that they lacked information/knowledge necessary to submit an RFP. The proposal would have to cover comprehensive treatment for females which covers a broad range. Discussion.

Char King spoke on the Region V special grant which covers the needs of women, services current provided and recommendations for treatment. Currently she is interviewing treatment staff (male and female), clients in treatment and agencies. The goal of the study and how it is being done was discussed.

Mary Lebens, Gallatin Council on Health & Drugs, Bozeman, entered the meeting and was introduced. She explained a grant which has been submitted to NIAAA for funding "Rural Women and Leisure Time" and asked for a letter of support from the Task Force for this application. The proposal was discussed and Gladys made a motion that the Task Force send a letter of support to NIAAA for this proposal. Second by Helen, motion carried.

The hot line as discussed at the previous meeting was brought up for discussion at this time and the RFP for women and youth. The possibility of a regional proposal was discussed utilizing existing programs and the feasibility of state-wide coverage in the little amount of time available. The funding is for 5 man years (1 program, 5 persons or variables) and it is assumed this Task Force would act in an advisory capacity. Discussion. Gladys made the motion that the State not submit a proposal but make it available to all alcohol or drug programs to apply as they see fit. Second by Pat, motion carried. Carolyn stated if funds come into the State this Task Force should be involved in some manner with the program funded.

The use of media, both TV and printed copy on the available services and education available was discussed as well as other State's activities involving women's treatment. It was stated that this group is as knowledgeable a group as any in existence from all appearances.

Helen questioned if the treatment programs could be surveyed to see what treatment modalities they felt were effective for females.

Other business included a discussion of current programs (list enclosed). Pat asked if as an educational process for the members program people could be invited to attend meetings and speak to the group. Joan stated no programs have treatment specific to women. Each member was encouraged to contact the programs in her area and become acquainted with them. The indicentials of the release of program statistics was discussed as ADAD did not feel it would be

unwise. Often statistics are used against a program or put a program in a bad light unjustly.

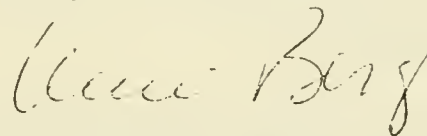
Dr. Johnson discussed motivation for treatment and whether a need generates a goal or vice versa. It was agreed the Task Force members would be polled by telephone for a letter of support if an existing program chose to submit an RFP for women's treatment. The date of the next meeting was discussed, but no specific date set.

It was noted a summer school for alcoholism education was scheduled and would be included with these minutes also and members will be notified of training available. A letter of introduction will be drawn up for members who wish to use these with programs.

Marilyn Thorne stated each member should take it upon herself to become informed and educate themselves in the area. Alcoholism research and treatment is a continuing learning process, Dr. Johnson noted, and there is no known cure for the disease.

A motion to adjourn was made by Gladys, seconded and carried.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

ALICE BERG, Secretary

(Appendix F (

Prevention Planning Committee Meeting

April 10, 1979
Montana State Highway Complex Building
Helena, Montana

MEMBERS PRESENT:

JOHN BREYKE, Swan River Youth Forest Camp
HAROLD CAMPBELL, Flathead Reservation Alcoholism Program
SR. MARIE DAMIAN, Montana Catholic Conference
ROBERT MacCONNELL, Region I
CHARLES MCCARTHY, Department of Social & Rehabilitation Services
MYRLE MITCHELL, Southwestern Montana Drug Program, Changes
SPENCER SARTORIUS, Office of Superintendent of Public Instruction

STAFF:

CHICK CANTERBURY, Prevention
CATHY SAHINEN, Secretary

Chick Canterbury opened the meeting explaining the purpose of the meeting: to review preliminary planning documents for the Substance Abuse Prevention Plan. General comments were asked for.

Question was asked "Are we duplicating source documents as part of the prevention plan?" Chick indicated that other documents such as the Youth Needs Survey, the Youth Task Force Report and planning documents from State Health and the HSA would be used as source documents for the Prevention Plan.

Comment was made concerning the use of incidents and prevalence data. Chick responded that for prevention purposes such data may be useful to indicate that a problem exists but will not define the scope of the problem or identify specific target groups.

Harold (Sarge) Campbell, Robert MacConnell and John Brekke expressed concerns that terms such as "Prevention and Abuse" be defined for purposes of the Plan. Chick said NIDA has already defined terms and since the Plan is funded by NIDA Grant we will have to use their definitions.

General discussion concerning the distinction between use and abuse.

Sarge Campbell indicated that the Prevention Plan be a realistic and workable document establishing prevention plans and priorities tailored to State needs rather than NIDA requirements. Again we were reminded that the Plan is funded by NIDA and we will have to adhere to NIDA guidelines, but within the guidelines the Department feels that a functional State Plan can and will be created.

Myrle Mitchell expressed that the Plan include alternatives and family involvement as well as education.

Under the NIDA guidelines, education, alternatives, and family involvement strategies are all integral aspects of the prevention process.

Charles McCarthy asked how the previous NIDA definitions of Primary, Secondary, and Tertiary Prevention relate to the Plan. A general discussion ensued regarding current NIDA definition of Prevention including information, education, alternatives, and intervention.

Bob MacConnell inquired if the NIDA funds for the Prevention Plans are the same funds normally used for mini-grants. Chick explained that it was a separate grant and not related to mini-grant funds.

Many of the committee expressed concerns that the Plan be reflective of Montana's needs and unique problems rather than NIDA's Urban Orientation.

The following concerns were expressed regarding the Needs Assessment Questionnaire:

1. Too long.
2. If possible the questionnaire recipients should include physicians, pharmacists, ministers, psychiatrists, and home health services.

Sarge Campbell expressed that the questionnaire method produced marginal results, and that face to face interviews would be more accurate and productive. Chick responded by saying that given the number of people being questioned and limited personnel and funds available that the questionnaire seems to be the only practical method.

The committee spent the remainder of the afternoon discussing specific items on the Needs Assessment Questionnaire. A variety of suggestions for revisions were offered which Chick will discuss with a consultant from the University of Montana.

Respectfully submitted,

Cathy Sahinen

CATHY SAHINEN, Secretary

Appendix G

MONTANA ADVISORY COUNCIL ON ALCOHOL AND DRUG DEPENDENCY

Minutes

The Montana Advisory Council on Alcohol and Drug Dependency was called to order at 10:00 a.m. by Dr. VanHorne, Chairman, in the Conference Room of the Department of Institutions, 1539 11th Ave., Helena, MT on June 29, 1979.

MEMBERS PRESENT

Robert VanHorne, Chairman
Martha Herlevi, Vice-Chairman
Kay Flinn
Sharon Pettit
Joe Plumage
Peggy Skelton

MEMBERS ABSENT

Senator Larry Fasbender
Gary Hall

STAFF

Bob Anderson, Chief, Reporting & Evaluation Bureau
Alice Berg, Secretary
Norma Jean Boles, Technical Assistance/Women's Task Force Coordinator
Darryl Bruno, Chief, Community & Program Development Bureau
Mike Murray, Administrator, Alcohol and Drug Abuse Division
Joan Rutledge, Planner
Terry Stanclift, Manager, Training & Certification Section

VISITORS

Representative Paul Pistoria, Great Falls
Jim Scott, SW MT Mental Health & Alcoholism Services, Helena
Marilyn Thorne, President, Women's Task Force

A motion to approve the minutes of the last meeting as written was made by Miss Herlevi, seconded by Ms. Pettit, carried.

Dr. VanHorne reported on a recent trip to Washington, D.C. with C. T. Canterbury on the Drug Abuse Prevention Grant needs assessment process in late May.

Mr. Jim Scott presented his program application for NIAAA funding for Council review. He stated they serve a 7 county area in southwestern Montana. The grant supplies funding for counselor salaries. As the program operates in conjunction with the mental health center, a fee for services system has been implemented. Last year approximately \$4,000 was collected from persons who received alcohol-

ism services. A DWI school operates in all counties and the program receives earmarked revenue from each county. State funds were not received this past fiscal year. A federal staffing grant furnished funds for the past 8 years but has expired making re-application necessary. Ms. Flinn made a motion that the Council support and endorse the application for funding as the program is providing good services to the communities in which it operates. Second by Ms. Pettit, carried.

Ms. Boles gave the Council members an overview of the Women's Task Force. Some of the problems identified include identifying women in need of help, lack of knowledge of where help is available, social stigma and lack of child care services. Ms. Thorne spoke on the policy statement drawn up by the Task Force. Ms. Flinn discussed the specific recommendations which included submitting an application for federal funding for a treatment program specific to women. Discussion. A motion to accept the Task Force recommendations and support efforts necessary to acquire Federal funds was made by Ms. Pettit, seconded by Ms. Skelton. Carried. It was also the Council's recommendation that existing services be expanded to include the Task Force recommendations to the extent possible. Mr. Anderson stated many of the recommendations can be implemented through the evaluation criteria. The training area and problems encountered with delivery were discussed by Mr. Stanclift.

Ms. Flinn asked how many states have active task forces dealing with women's problems. Ms. Boles stated information available indicates Montana is farther along with development of specific recommendations than other states in the area; few have a working group. Ms. Thorne thanked the Council for time to present their status report and the support given.

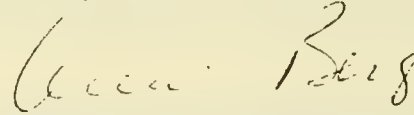
Ms. Rutledge reviewed the FY80 State Plan draft. Mr. Plumage questioned if each county was to submit a "plan" prior to expenditure of funds under HB844. This was discussed and will be a requirement prior to December 31, 1980. The Council commended Ms. Rutledge for a well written and organized plan. A motion was made by Mr. Plumage that a letter be drawn up indicating the Council's support of the Plan as presented and be included with the Plan when submitted, seconded by Ms. Pettit, carried.

HB844 was discussed by Mr. Murray. Strengths include: earmarked funds will not revert to the general fund; certification of counselors is included and expected to be implemented next fiscal year; counties will be required to submit a comprehensive plan. Problems include: no requirements for the county/regional plans for FY80; discretionary funding is very limited. Discussion with the point made by the Council that it will not endorse or agree to any expansion of services as funding is not available to support the current level. The Council discussed a basis for FY80 funding allocations with the consensus that a ratio formula based on prior year funding may be feasible. The Council further recommended that an explanation to programs and Commissioners be made to clarify funding available under HB844.

The Bidder's Conference and application review process was discussed. It is the preference that this be done similarly to last year - committees review applications on a regional basis. Mini-grants will be received by ADAD in September. The Council concurred with the recommendation that the amount be increased to \$1,500 per application or \$3,000 for joint applications.

A tentative date for the next meeting was set for August 23. There being no further business before the Council, a motion to adjourn was made by Ms. Skelton, was seconded and carried.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

ALICE BERG, Secretary

MONTANA ADVISORY COUNCIL ON ALCOHOL

AND DRUG DEPENDENCY

Minutes

The Montana Advisory Council on Alcohol and Drug Dependency was called to order at 2:15 by Dr. VanHorne, Chairman, in the Conference Room of the Department of Institutions, 1539 11th Ave., Helena, MT 59601, on March 29, 1979.

MEMBERS PRESENT

Robert VanHorne, Chairman
Martha Herlevi, Vice-chairman
Senator Larry Fasbender
Shari Pettit
Peggy Skelton

MEMBERS ABSENT

Gary Hall
Kay Hanrahan
Joe Plumage

STAFF

Bob Anderson, Chief, Reporting & Evaluation
Alice Berg, Secretary
Darryl Bruno, Chief, Community & Program Development Bureau
C. T. Canterbury, Manager, Prevention/Education Section
Mike Murray, Administrator
Joan Rutledge, Planner

VISITORS

Karen Clark, Director, Sweet Grass County Foundation, Big Timber
Ron White, Project Officer, National Institute on Drug Abuse

Miss Herlevi made a motion to approve the minutes of the last meeting as written, second by Ms. Pettit, carried.

The change in the by-laws increasing membership to ten was discussed. Senator Fasbender made a motion to amend the by-laws increasing the membership to ten persons, second by Ms. Pettit, carried.

C. T. Canterbury was introduced. He presented the mini-grant applications for FY79 and recommendations from the ADAD staff review committee. Senator Fasbender questioned the amount of money available and if an assessment of the long term benefits of the expenditures have been made. Discussion.

Each grant application was reviewed. Due to time constraints of the legislative session, Senator Fasbender gave his proxy vote to Ms. Pettit and returned to the legislature.

The council voted to fund applications as recommended by the staff review committee with the exception of Flathead Alcohol Program (pharmacology training), Lewis &

Clark Alcohol Program (high school drug education), Radosevich Partnership (multi-media package up-date), and School District No. 10 (prison inmate visits). Dr. VanHorne offered a series of video tapes on pharmacology to the Division for editing and use by any program. This will be developed. The council recommended that the Radosevich Partnership be funded with other available funds and any balance remaining in the mini-grant money not awarded be used to purchase new films for program use.

The meeting was recessed and reconvened at 7:30 p.m. with Mr. Bruno, Mr. White, Mr. Anderson and Ms. Rutledge attending.

Mr. Anderson and Ms. Rutledge reported on the regional planning process for the FY80 State Plan. All contracts issued to individuals to conduct needs assessments for each of the regions have been completed; public hearings were held prior to finalization of the regional plans.

Priorities identified on a statewide basis included:

- maintenance of existing services;
- implementation of counselor certification system;
- implementation of alcohol curriculum (k-12);
- increased prevention activities and resources;
- services for women;
- transitional living facilities.
- training of law enforcement/criminal justice personnel.

Discussion and review of priorities with the point made that some of the priorities will depend upon the availability of funds. Ms. Skelton made a motion that the State Plan address the priorities as contained in the regional needs assessment, as feasible, second by Ms. Pettit, carried.

Ms. Rutledge stated that ADAD work plans for next year would be based, in part, on needs as identified during the regional planning process.

Dr. VanHorne stated the Region I plan submitted by Mr. Ron Hjelmstad very effectively addressed the salient needs of the region and Mr. Hjelmstad should be commended for a job well done. A motion to that effect was made by Ms. Pettit, seconded by Miss Herlevi, carried. A draft of the State Plan will be reviewed by the council prior to submission.

Miss Herlevi questioned the referral of clients from Galen. Mr. Anderson responded that a system had recently been implemented by Galen for clients to sign a release of information waiver and that Galen would notify the referring program of the clients release.

Mr. White was introduced. He spoke to the members on his area of supervision - six of the western states. He stated he was impressed with the strong management role that has been shown by Mr. Murray and Mr. Bruno and the growth in the field of treatment for alcohol and drug abusers in the state since he first had contact in the area when the Southwestern MT Drug Program was begun. He will be a reviewer of our State Plan and explained the process which will be implemented for this review which is different from other years in that the State will have time for responses prior to attendance at the review and will know the questions or areas of concern on the federal level.

Mr. White explained the change in the Statewide Services Contract to a State grant. Discussion. Dr. VanHorne asked Mr. White if he felt there has been a significant improvement in treatment over the years; Mr. White responded that the public is more aware of the problems and does not feel as threatened. Discussion on prevention.

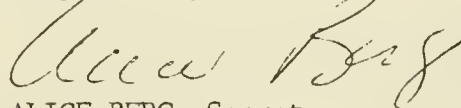
Mr. White informed the members that President Carter has appointed Dr. Pollin as director for NIDA. He has been involved in training and research. The funding picture appears to be stable and will continue on the 60/40 ratio. The NIDA maximum per treatment slot is \$1,950 — if programs can come up with additional funds, for example through fee for services, the federal amount will not be reduced. Mr. Murray asked if Montana would be able to secure additional treatment slots. Mr. White stated additional slots may become available because of underutilization by other states in the area. Montana is more advanced than several of our neighboring states and it may be possible to obtain unused slots. NIDA is becoming more strict in slot utilization and Mr. White expects transfers to be made. Ms. Skelton asked if there were any treatment programs dealing exclusively with women in the area. Mr. White said no, he felt the human needs must be met regardless of sex or any other criteria. Discussion.

The council thanked Mr. White for attending this meeting and his informative input.

Legislation which has been introduced this session was discussed. Dr. VanHorne questioned the status of the supplemental appropriation for the balance of the programs' approved budget amounts. This was discussed with the point made the funds will be issued to programs at the earliest possible time after passage of HB417.

A discussion on the date for the next meeting was held. It is anticipated that it will be in conjunction with the Bidder's Conference scheduled for April 20. A motion to adjourn was made by Ms. Skelton, seconded and carried.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alice Berg".

ALICE BERG, Secretary

MINUTES

Montana Advisory Council on Alcohol and Drug Dependency

The Advisory Council meeting was held in the Conference Room of the Department of Institutions, 1539 11th Ave., Helena, MT beginning at 7:00 p.m. March 6, 1979.

MEMBERS PRESENT:

Robert L. VanHorne, Chairman
Martha Herlevi, Vice-Chairman
Senator Larry Fasbender
Gary Hall
Kay Hanrahan
Shari Pettit
Peggy Skelton

MEMBERS ABSENT:

Joe Plumage

VISITORS:

Ken Anderson, Flathead Valley Chemical Dependency Services, Kalispell
Doug Austin, Tri-County Alcohol & Drug Program, Baker
Dick Baumberger, Providence Alcoholism Center, Great Falls
David Cunningham, Rimrock Guidance Foundation, Billings
Katie Hanes, Lewis & Clark Alcoholism Program, Helena
Jim Irvin, Custer County Alcohol Program, Miles City
Harry Knowlton, Chemical Dependency Center, Glasgow
Robert MacConnell, Regional Prevention/Education Coordinator, Forsyth
Barbara Pipe, District I Alcohol & Drug Program
Mona L. Summer, Board of Directors, Rimrock Guidance Foundation, Billings
Marcia Staigmiller, Cascade County Alcohol Program, Great Falls
Mary P. Wright, Cascade County Commissioners Office, Great Falls

STAFF:

Bob Anderson, Reporting & Evaluation Bureau Chief
Alice Berg, Secretary
Mike Murray, Division Administrator
Terry Stanclift, Manager, Training & Certification

The meeting was called to order by Dr. VanHorne. A motion to accept the minutes of the last meeting was made by Martha Herlevi, seconded by Shari Pettit; carried. Mr. Plumage is absent due to a meeting in Washington, D.C.

Mr. Murray discussed the Legislative Audit final report which was mailed to the Council members. Discussion.

Bob Anderson explained the funding process proposed for FY80 & 81. In February the Regional Needs Assessments were contracted to individuals, regional hearings will be set as the assessments are completed. It is expected the final plans will be submitted late in March at which time they will be compiled into one document. The Bidder's Conference was explained.

Mini-grant status - The applications have been mailed and a summary of last year's grants and accomplishments was presented to Council members. They will be reviewed by the Council at the next meeting. The 'marijuana law' as submitted to this legislature was discussed.

The change in the by-laws increasing the size of membership from eight to ten was discussed. It is Mr. Zanto's desire to include a representative from the Montana Tavern/Beer Distributor's Associations and it has been requested by the Department of HEW that the State Health Coordinating Council be represented on the Council. Members discussed the inclusion of the MIA and SHCC and concurred in the amendment. Final action on the by-laws will be taken at the next meeting.

Mr. Murray discussed the budget addition and Senator Fasbender stated the bill should be finalized and the money available by the end of March. This amendment included the DWI fund transfer from the Highway Safety Division, the additional HB627 funds which would have reverted to the State General Fund and some Alcohol Incentive Federal funds which the Department received after the last appropriation was made. These funds are covered in HB145 and HB416. Mr. Baumberger questioned if funding will be reverted to the General Fund. Discussion.

Further discussion included the Summer School on Alcohol Studies. Mr. Stanclift explained to Mr. Austin and Mr. MacConnell that Eastern Montana College in Billings does expect to hold a summer school session at their expense which will have the endorsement of the Alcohol & Drug Abuse Division and plan to have some extension courses in addition.

Kay Hanrahan questioned the increase in the budget for Galen in the next biennium budget. She felt an increase of the amount given them was inconsistent with the increase allowed the Division/community alcohol programs. This was discussed.

Discussion on current bills introduced:

SB178 - 'Marijuana Bill' Senator Fasbender explained this bill and felt that although it had what appeared to be considerable support unless it was amended a great deal it did not appear to be legislation that would pass.

HB844 - Mr. Baumberger explained the items to be changed in this legislation from the current law. The funds would go to counties rather than to the State, certification of counselors is not included, eliminates training of counselors program, department clearinghouse function and research. Several visitors spoke in disfavor of this legislation — Mr. MacConnell stated he felt it was special interest legislation. There was a cohesive effort on the part of all programs during the past legislature to pass HB627 which he felt was totally lacking this session. Doug Austin felt counselor certification should be included at least for two years and then be phased out. David Cunningham felt certification was an expensive process and was not worth the investment at this time. Harry Knowlton stated he was not in favor of HB844. Kay Hanrahan stated it would be disastrous for eastern Montana counties — their funding would be reduced to the point that services could not be provided. Jim Irvin spoke against any legislation which would give the funds to the counties as this only funds the populated areas — rural programs suffer. Mr. Baumberger stated the programs did not oppose new legislation at the meeting ADAD held last November.

Mary Wright said this bill would obligate some of the city funds for alcohol treatment which was good. Ken Anderson stated this bill would eliminate the Glasgow program.

Mr. Murray stated the Department problems with this legislation were: 1) Galen AT&R is eliminated, 2) Glasgow residential program is eliminated, 3) the DWI lab funding is eliminated, and 4) the counselors at the corrections facilities are eliminated.

HB725 - Dr. VanHorne felt this bill had no merit, Kay Hanrahan concurred. Mr. MacConnell stated he felt the 85/15 allocation formula was equitable but as it is tied to population growth any increase in funding would go to the larger areas.

HB858 - Discussion centered on elimination of DWI lab and research; elimination of training. The Glasgow residential program was not included. Mr. MacConnell again stated that it appeared legislation introduced was not written to "hurt" the programs but that it definitely would benefit the larger counties. Mr. Murray outlined the Department objections to the legislation which are similar to HB844.

Dr. VanHorne stated it appeared from attendance at this meeting that there was little support for the legislation as presented at this time. Senator Fasbender stated if the Department wanted changes in the current law that they address the specific changes they recommend and ask for time for a review to be made. The funding proposals for FY80 and 81 were discussed. Jim Irvin stated that if 844/858 were passed in the current form, alcoholism treatment would be eliminated in Custer County.

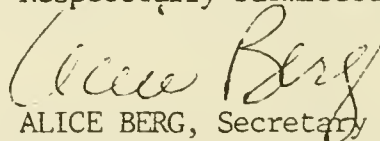
A motion was made by Senator Fasbender that the Council recommend improvements to HB627 if feasible, and funding remain the same for the next two years. Second by Martha Herlevi, carried.

Dr. VanHorne will attend the hearing March 7 to represent the Council. Kay Hanrahan stated that as a member of the Women's Task Force on Substance Abuse as well as this Council, she will give testimony on the bills on behalf of the Task Force.

Mr. Murray read correspondence received by this office from the Montana Council on Alcoholism regarding Council membership of a "provider." This was discussed and the Advisory Council is of the opinion that the inclusion of a provider gives valuable insight to the business of the Council.

After discussion, March 29, 2:30 p.m. was set for the next Council meeting. It is anticipated that the Bidder's Conference will be held March 30. There being no further business, the meeting was adjourned.

Respectfully submitted,


ALICE BERG, Secretary

MINUTES
Montana Advisory Council on Alcohol and
Drug Dependency

The Advisory Council meeting was held in the Conference Room of the Department of Institutions, 1539 11th Ave., Helena, MT beginning at 3:00 p.m. November 29, 1978.

MEMBERS PRESENT:

Robert L. VanHorne, Chairman
Martha Herlevi, Vice-chairman
Kay Hanrahan
Sharon Pettit
Joe Plumage
Peggy Skelton

MEMBERS ABSENT:

Senator Larry Fasbender
Lt. Gary Hall

VISITORS:

Boyd Andrew, Amelia House, MT Council on Alcoholism, Helena
Kim Azure, Missoula Indian Alcohol Program, Missoula
Gail Larsen, Legislative Auditor's Office, Helena
Renn Mascn, Lewis & Clark Alcoholism Program, Helena
Tom Tailfeathers, Counseling Services Supv., Blackfeet NA Programs
Guy Varud, Advertising Agency, Sioux Falls, S.D.

STAFF:

Bob Anderson, Reporting & Evaluation Bureau Chief
Alice Berg, Secretary
Darryl Bruno, staff review committee
Joe Evangeline, Fiscal Analyst, Management Services Division
Mike Murray, Administrator
Joan Rutledge, Planner

HEW - REGION VIII - DENVER

Ted Fasso, Coordinator, Alcoholism Prevention, Treatment & Rehabilitation
A. Naomi Kennedy, Mental Health Program Specialist

The meeting was called to order by Dr. VanHorne. He requested a motion to approve the minutes of the last meeting as submitted. Motion by Mrs. Skelton, second by Miss Herlevi, carried.

Mr. Varud was introduced. He spoke to the group on a promotional campaign dealing with treatment for alcoholism. One of the programs which included Gary Moore was shown as an example of the material produced. These would be prepared for airing on local TV stations and the agency would arrange for showing as part of the package. He stated there is no doubt that TV has a big impact on our

lives and the presentations are effective. He did not have the statistics dealing with the increased number of calls and admissions to South Dakota treatment facilities after these programs were run but reports were that they were substantial. A discussion on the feasibility was held. Dr. VanHorne asked Mr. Andrews for his opinion as to the effectiveness of this type of proposal. He felt it has merit and certainly is needed. Miss Herlevi agreed. Ms. Fettit asked what had been done, if anything, in the past, with Mr. Murray responding that nothing on the State level has been done. It was agreed it was worth looking into.

Gail Larsen, CPA, Legislative Auditor, was introduced and spoke on the audit report presented to the Legislative Audit Committee on October 31, 1978. A copy was distributed to members. She stated the full report will be ready probably by the end of December or early in January. Dr. VanHorne questioned the statement that program effectiveness will be evaluated; what are the procedures used in assessing this. Miss Larsen stated that will be available in the audit report when it is finalized.

Kim Azure, Director of the Missoula Indian Alcohol Program, spoke to the group on the problem her program is having with funds. They are requesting an additional \$10,118 for the half-way house operation for the next 6 months. She reported that during the 9 months of operation they have treated 50 clients with a 37% success rate. Part of the funds in the prior grant were used to supplant salaries. In the past, employee turnover was every three months. With the increase staff has been retained thus making a continuity possible. Their clients come with no resources for the most part and very little incentive to become well or stay well. Mr. Plumage asked the Indian population dealt with. Ms. Azure stated that in a 1974 University survey, there were 2,000 Indians in the Missoula area 200 of whom were students. Mr. Murray stated this program does not receive any county funds.

Ms. Azure spoke of the problem they anticipate when their funds are included in the Indian Health Service monies and not directly awarded by NIAAA. Mr. Plumage stated he would check into this and advise the program on the outcome. Dr. VanHorne stated it appeared the program was trying to cover a lot of area and some of this required the cooperation of other Indian programs and agencies not be the total responsibility of MIADS as with the available funds some of the projects are just not possible. Action on this request was tabled at this time.

Fenn Mason, Lewis & Clark Alcoholism Program, spoke on the financial problems of his program. Mrs. Skelton questioned where the source of additional funds; these programs had gone through the funding process review and funds were awarded. Discussion. Other programs requesting additional funds were Kalispell and Glasgow. Mr. Murray explained that the recommended amount contracted to Kalispell did have a staff error - the half-way house was not included in the recommended amount. The contracted amount was \$29,725 and should have been \$47,478. The letter from the Glasgow program was discussed. Mr. Murray stated that Mr. Zanto had met with the Lt. Governor and the Director of Budget and Program Planning, Mr. Bousliman, and the budget addition authorizing the expenditure of the remaining tax funds from HB627 would be held for action by the Legislature. The means the remaining 35% of the program funds would not be contracted until such time as legislative action has been taken. Programs will be advised of this as soon as a memo has been received by the Governor's Office of

Budget and Program Planning. Discussion.

A motion was made by Mrs. Skelton that the request submitted by the Lewis & Clark Alcoholism Program be acted upon at the discretion of Mr. Murray provided the funds intended for use in Lewis & Clark County are available. Second by Ms. Pettit; motion carried.

A discussion in the MIADS proposal was held and a motion made by Mrs. Hanrahan that if the funds are available and they are expended as per the budget submitted, it be funded. Second by Mr. Plumage; carried.

Mr. Tailfeathers was introduced and his proposal requesting funds in the amount of \$63,116 was made. A discussion on the possibility of duplication of services and the impact of the alcohol education curriculum when implemented on the proposed project was held. Action was tabled.

Mr. Murray discussed the meeting of the program directors held November 8. Points agreed upon by the participants at this meeting included:

- 1 - At a maximum, 10% of the 627 funds will go to ADAD as appropriated by the Legislature;
- 2 - ADAD will receive an additional 5% earmarked 627 funds to supplement community programs;
- 3 - Galen should be funded with 627 funds;
- 4 - All remaining 627 funds should go to the counties;
- 5 - the 85% population/15% land mass formula is reasonable.

Legislation to be submitted calls for reducing the amount the cities receive under HB627 from 33 1/3 to 30%. This would mean an additional \$200,000 would be available to programs. The 85-15 formula is expected to force programs to combine into between 15-20 area programs.

It was noted Mr. Baumberger of Providence was absent from the meeting and concern for his health and safety was expressed by the Council members.

Mr. Ted Fasso and Ms. Naomi Kennedy were introduced. Ms. Kennedy gave an overview of the State Plan for FY79. She stated the Plan is well-written and the new format combining the alcohol and drug plans into one set up in nine sections is very good. It is easily read and informative. There is evidence of the A-95 review process and endorsement from the Health Systems Agency; information on the make-up of the Council is included as well as the process for appointment to the Council. Assurances are contained in the Plan; women and minorities are dealt with. Coordination with other service agencies is comprehensive; the community service providers are listed but she recommended that if possible satellite services be included. The Employee Assistance Program and SSI are included as well as the correctional facility counselors. There appears to be cooperation between agencies on the local level; objectives are measureable. The curriculum in the process of development was noted.

Highlights of the Plan not necessarily in order of importance include:

- the alcohol information system is in place;
- the Statewide record system is in place;

- special projects have been undertaken for women, Native Americans and youth;
- the evaluation by an outside agency was impressive;
- 28 existing programs had been evaluated during the year with 12 receiving initial approval and 40 site visits were made;
- the combination of the two Plans (alcohol and drug abuse).

Proposals looking to the future included:

- insurance codes changed to include alcoholism;
- certification of substance abuse counselors;
- training centers established within the University system;
- some treatment centers applying for or receiving JCAH approval;
- 1981 legislative session to deal with mandatory alcohol education in the school system;
- a plan that in 5 years the counselor certification process will be transferred to a private non-profit organization.

Mr. Fasso stated the Plan was approved with one very minor recommendation: a representative from the State Health Coordinating Council should be included on the Advisory Council. NIAAA is using pathology consideration of the death rate/population rate/funding awarded and this will delay receipt of Federal funds until December 1978 or January 1979.

His overview included:

- goals and objectives are clear cut but weak in the areas of research;
- number of persons with less than 12th grade education admitted to treatment;
- number of persons with an income of less than \$300;
- alternatives to drinking should be expanded upon.

He felt coordination with SRS/Title XX was in order as only 27 referrals to Voc Rehab had been made and the numbers indicate many more were appropriate. Ms. Kennedy added that recent amendments to the VocRehab address additional handicaps and advised that we obtain a Federal Register giving this information. Mr. Plumage questioned the possibility of differences between states in administering VocRehab. Ms. Kennedy stated yes.

Mr. Fasso stated additional research is in order to expand the funding base and recommended a micro view of the percent of other dollars spent in Montana for the treatment of alcoholism over the years. He approved the Plan and made the following recommendations:

- VocRehab be contacted for increased support;
- SHICK be included;
- Title XIX & XX funding for alcohol be pursued;
- research activities be expanded.

He stated in April 1979 Federal review be scheduled for the 1980 Plan and then submit the Plan in July 1979.

Mrs. Skelton questioned if criteria for the Plan changes each year and was shown the current Federal Register.

Mr. Fasso informed the Council he would be taking a new job; he will be working for Health Care Financing, Public Health Service, so will be involved with alcoholism treatment to some degree. A motion was made by Miss Herlevi expressing the Council's gratitude to Mr. Fasso for his assistance to the State of Montana over the years. Second by Ms. Pettit; motion carried.

Mr. Anderson thanked Ms. Kennedy and Mr. Fasso for attending this meeting and commenting on the Plan. This is the first Plan submitted by the State of Montana and approved with no conditions. The Council commended ADAD staff member, Joan Rutledge, for a job well done.

Mr. Murray informed the members that "appeared" the audit report would contain no "major" problems. "Program effectiveness" to be contained in the audit was discussed.

It is expected the Division will interview for the Community & Program Development Bureau Chief position and the Prevention/Education position early in December and Mr. Murray asked that Dr. VanHorne participate on the review committee.

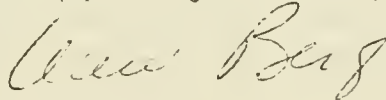
Mrs. Hanrahan asked if the Division was aware of any legislation proposed for the upcoming session. These include:

- 1 - Revision of insurance codes;
- 2 - Certification of counselors;
- 3 - Legislation pertinent to Galen;
- 4 - Legislation to give the counties 627 funds;
- 5 - Legislation to give all funds to ADAD earmarked on a formula basis for counties.

A motion to adjourn was made by Ms. Pettit, seconded by Mr. Plumage and carried.

It is anticipated a meeting will be scheduled in January.

Respectfully submitted,



ALICE BERG

MINUTES

Montana Advisory Council on Alcohol and Drug Dependency

The Advisory Council was called to order at 9:00 a.m. at the East Glacier Lodge, September 16, 1978.

MEMBERS PRESENT

Robert L. VanHorne, Chairman
Martha Herlevi, Vice Chairman
Sherry Pettit
Joe Plumage
Peggy Skelton

MEMBERS ABSENT

Senator Larry Fasbender
Gary Hall
Kay Hanrahan

VISITORS

Boyd Andrew, Amelia House, Helena
Dick Baumberger, Providence, Great Falls
Kyle Hopstad, Frances Mahon Deaconess Hospital, Glasgow
Margaret Kennedy, Medicine Pine Lodge, Browning
Harry Knowlton, Chemical Dependency Center, Glasgow
Barbara Malmen, interested citizen
Representative Paul Pistoria, Cascade County
Marcia Staigmiller, Cascade County Alcohol Project
Mary Wright, representative for Cascade County Commissioners

Martha Herlevi made a motion to accept the minutes as written, seconded by Ms. Pettit, carried.

Mr. Murray explained the "instant" hiring freeze now in force and the effect the prior freeze has had on the Division staff. The freeze will be in force through June 30, 1978 but at this point it appears two positions will be filled. The continuing problem with the computer and payments to programs was discussed. The budget addition is expected to be submitted the last week in September for the HB627 funds over the amount allocated to the Division by the Legislature.

Mr. Murray informed the Council members that the Division will undergo an audit by the Legislative Auditors which will consist of 12 persons for a 6 week period. The Department has just undergone an audit by Gallusha, Higgins and Gallusha and this one will be in addition to that audit. The Legislative auditors will visit some of the programs and it is anticipated they will contact Council members as well as others. This audit was discussed and Mr. Plumage questioned the amount of money involved.

The funding formula developed by Division staff was discussed. It was the general consensus of the Council members that this a step in the right direction and it should help equalize the awarding of funds. The funds would be allocated

as follows:

- (a) Division Administration - 10%
- (b) Special Projects, 3 Correctional Counselors
- (c) State Employee Assistance Program
- (d) Galen AT&R
- (e) Chemical Dependency Center, Glasgow
- (f) Indian Reservation Programs - 5% to be contracted through Inter-Tribal Policy Board

Mr. Murray explained the 85-15 formula relating to population and area of the regions. Adjustments would be based on regular census and the level of services the programs had the prior year. Mr. Plumage questioned the involvement of the counties in the proposed legislation. Dr. VanHorne will appear on behalf of the Council at a hearing in Helena Friday, September 24 regarding proposed legislation.

Program directors have been informed of a meeting in Helena the 19th and 20th of September to discuss a number of items. The Legislative Auditors will speak at this meeting and explain what may happen. At this point the decision has been made to audit the Division, Galen, Glasgow, Providence and Rimrock.

Mr. Hopstad, Administrator for the Glasgow hospital, spoke to the group. He stated they had received their JCAH approval as one of 30 programs in the nation for the treatment of chemical dependency. Further, they have been notified that Blue Cross, Traveler's and Burlington Northern will pay for treatment at the facility and it appears Blue Shield is coming around. Statistics developed during their 5½ months of operation show 56.8% of the clients are from Region I, 20% have insurance coverage, 10% qualify for medicare/medicaid but payment from that source is doubtful. Seventy-three percent pay privately or are no-pay clients. To date the program has not reached their goal of self sufficiency but the morale of the people and workers is high and they are operating at over 100% capacity. The figure for meals was questioned and it was pointed out meals are sold to employees and clients' families.

Mr. Baumberger questioned that the facility was one of 30 in the nation with JCAH approval. He had spoken with a JCAH representative recently in Washington, D.C. and was told there were over 600 alcohol facilities with JCAH approval. Mr. Hopstad stated the 1 year approval is for chemical dependency treatment which includes alcohol and drugs. Dr. VanHorne questioned if Blue Cross would pay for chemical dependency. Discussion. Representative Pistoria asked if there were any drug treatment facilities in the State and it was explained that Lighthouse at Galen is a residential program funded from the State's general fund.

Mr. Hopstad stated the program has received \$1,700 in Valley County funds and \$1,500 from the City of Glasgow. They have no plans to contact other counties or cities in the Region as it is felt the local programs need that funding source. Representative Pistoria said he was unsatisfied with the way things are going and the program procedures and detox were discussed.

Mr. Murray gave some background on the Federal funds available for detox. A facility had been funded for rural detox at Kalispell but it has not been cost effective and has been converted to a half-way house with one bed available for

non-medical detox. The Division staff has reviewed the Cascade County detox proposal which would be funded by available Federal dollars.

Representative Pistoria stated he wanted to go on record as being against the funding of this proposal. He has met with the Cascade County Commissioners and Mr. Murray and they are aware of his position and reasons. Further, he feels it will be detrimental to the existing program, Providence. Discussion. Mary Wright assured the Council that this proposal would in no way put Providence out of business; the county will cooperate with the existing programs for comprehensive treatment of alcoholism. Providence will not lose their funding. Discussion basically dealt with local issues involved. Mary Wright made the point that Cascade County is in need of comprehensive alcoholism treatment. As it now operates it is far more expensive to maintain the current phases as separate entities with no overall plan. A local committee has been working for the past several years to develop these plans.

Marcia Staigmiller spoke on the visit made to Washington House, Denver, and the assistance they received while there which will be very useful to the project and save a good deal of trial and error. She pointed out that at this time the local hospitals want to get out of the detox business, their current costs are between \$160/200 per day for these services. It was felt this proposal would take advantage of a point in time when comprehensive services can be organized and motivate the alcoholic to be healed. Miss Herlevi questioned the cities use of alcohol funds, does this program anticipate receiving these monies. Mr. Baumberger questioned the organizational chart as contained in the proposal and the staff. This was discussed as well as other elements contained in the proposal. He further questioned who wrote the grant. Mr. Murray asked Mr. Baumberger if he was speaking against this proposal as the program director or if he was speaking for his Board. Mr. Baumberger responded he was speaking for his Board. Mr. Murray read one of the letters of support for the proposal signed by Rev. Anthony Gregori, Chairman of the Board of Directors for Providence. Discussion.

After a break for lunch the meeting was reconvened with the same persons in attendance.

It was the recommendation by Mr. Murray that a sum be included in the Cascade grant to include training as it appeared the Division would not be able to do this. The ambulance contract and other factors involved were discussed with the point made by Mary Wright that Cascade County has been working for some time to develop comprehensive services for the treatment of alcoholism and not funding this project would leave them in the same condition as has been in the past - fractured services which are far more costly to operate. Discussion.

Ms. Pettit made a motion to contract with Cascade County provided the disagreements be resolved prior to the expenditure of funds. Second by Mr. Plumage. Discussion of the willingness to submit a comprehensive plan for the treatment of alcoholism in Cascade County; Mr. Baumberger stated he was willing to withdraw his opposition. Mary Wright expressed the County's desire to work together and not get involved in nitpicking over procedures. Discussion. Ms. Pettit withdrew the motion on the floor and made a motion to fund the Cascade County proposal as presented. Second by Mr. Plumage, carried. Mr. Baumberger stated he would in-

form the Alcohol Programs of Montana members of the Council action and the intent to fund County programs.

A recommendation by Mr. Murray that the Council table a drug proposal until it can be reviewed by Medicine Pine Lodge was made into a motion by Ms. Pettit, seconded by Miss Herlevi and was carried.

Other financial matters for Council action were as follows:

Budget addition requests for (1) Missoula Indian Alcohol & Drug Program; (2) Ft. Belknap Tribes Alcohol Program; (3) Medicine Pine Lodge; (4) Providence Alcoholism Center; and (5) Amelia House were tabled by a motion made by Mr. Plumage that action on these matters wait until the budget amendment is received and the amount of funds which will be available is known. Second by Mrs. Skelton, carried.

Boyd Andrew briefed the Council on the \$50,000 grant funded as a result of the proposal by Ron Spurlin and himself to develop volunteers to work in the field of alcoholism.

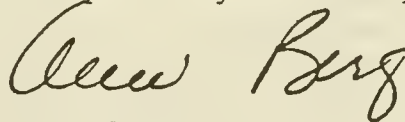
The University of Montana proposal to fund a graduate assistant again this year was reviewed. Mr. Plumage made a motion not to fund this project; seconded by Ms. Pettit. Carried. The Gallatin Council on Health & Drugs' proposal for continuance of their Families Are Responsible project has been included as a part of the State Plan under drug abuse. Mrs. Skelton made a motion to fund this proposal deleting the \$2,000 for training and submit that as a mini-grant request. Second by Ms. Pettit, carried.

It was agreed that the mini-grants be tabled until the next meeting. A motion to endorse the \$63,000 Flathead Reservation proposal submitted to the National Institute on Drug Abuse was made by Mr. Plumage, second by Miss Herlevi and was carried.

Mr. Andrew spoke on the Amelia House status.

A date for the next meeting was discussed with mid-October anticipated on a weekday or evening. The meeting adjourned to make an on-site visit to the Medicine Pine Lodge in Browning.

Respectfully submitted,



ALICE BERG

APPENDIX H

ASSURANCES

MAINTENANCE OF EFFORT. The State of Montana hereby provides assurance that Federal funds will not supplant non-Federal funds that may be otherwise available for provision of the services and carrying out the activities under this Plan. Such funds will, to the extent practical, be used to increase the level of funds otherwise available for such services and activities.

MERIT SYSTEM. The Alcohol and Drug Abuse Division of the Montana Department of Institutions is a participating agency in the Montana State Merit System Plan. The Plan is developed and administered in accordance with "Standards for a Personnel Merit System", 45 EPR, Part 70.

NONDISCRIMINATION. All services provided under this State Plan will be made available without discrimination on account of race, creed, color, sex, age, marital status, or duration of residence.

The Department of Institutions and any other agency, organization, or institution carrying out any authority under the State Plan shall not discriminate in any way against any employee with respect to compensation, terms, conditions, or privileges of employment solely because of race, color, creed, sex, age, or national origin, nor shall they refuse employment to any qualified applicant for a position solely on the basis of the fact that he or she has or has not had a problem of alcohol abuse or alcoholism.

No formula grant funds will be awarded to public or private general hospitals which have received Federal funds for alcoholic treatment programs and which refuse admission and treatment to alcoholic persons solely on the basis of their alcoholism.

NO CONFLICT OF INTEREST. No employee of the Department of Institutions nor any firm, organization, or corporation receives funds from any applicant directly or indirectly in payment for services provided in connection with the Montana State Plan for Alcoholism and Drug Abuse Prevention, Treatment and Rehabilitation. Applicant agencies requesting subgrant funds will be required to submit similar assurance.

ACCOUNTING PROCEDURES. Accounting procedures necessary to assure proper disbursement of and accounting for funds paid to the State under this formula grant program have been established by the Management Services Division of the Department. Funds allocated to Montana in the Alcohol formula grant program under Public Law 91-616 will be clearly delineated from those obligated under other Federal formula or project grant programs. To this point, the budget number for this program has been established as 04571, Alcoholism Grant Program, for fiscal control purposes.

All records will be kept for such periods of time as deemed necessary for completion of Federal Audit as specified in the Guidelines for the Formula Grant Program under Public Law 91-616 and amendments.

Fiscal records relative to the use of funds made available under Public Law 91-616 and amendments shall be made available to inspection and fiscal audit at reasonable times by persons designated by the Secretary.

REPORTS. Annual progress and expenditure reports shall be submitted as may be required, to the Associate Regional Health Director, Department of Health, Education, and Welfare, Region VIII, Denver, with a copy to the Director of the National Institute on Alcohol Abuse and Alcoholism.

ACCESSIBILITY. All the services provided under this Plan will be so publicized as to be generally known to the population to be served, and will be available and responsive to the needs of those to be served, and will be so located as to be readily accessible to the population to be served.

SUBMISSION, REVIEW, AND APPROVAL OF THE STATE PLAN. The State Plan will be reviewed and updated or revised as necessary, at least annually. The Plan will be modified during the year if such modification is deemed necessary, and also as new or revised data or information is available. Any revisions or updating will be subject to the same review procedure as the Plan itself.

In years subsequent to this submission, the procedure to be followed in the submission and review of the Plan will be as follows:

As soon as possible following submission of the Plan for a fiscal year, staff revision and updating of the document will begin. The Plan for fiscal year 1978 will be developed and prepared for review by the Advisory Council as early in the fiscal year as practical.

Following Council review and comments, the documents will be made available for public review and comment at the Executive Office of the Department of Institutions, 1539 11th Avenue, Helena, Montana, as well as the office of the Alcohol and Drug Abuse Division of the Department. Such availability will be announced through a description of the Plan and a notice of its availability, which will be published 30 days prior to submission for approval.

Following this 30 day review period, copies will be submitted to the Office of the Governor, A-95 Clearinghouse for their review and comments relative to the relationship of this Plan or any modifications of the Plan to comprehensive and other State plans and programs and will provide the Department of Health, Education, and Welfare with their comments.

Forty-five days will be allocated for such review, and any comments or statements that there are no comments will be submitted with the Plan.

EVALUATION. The prevention education or treatment projects or programs supported by formula, or state grant funds have and will continue to provide the Alcohol and Drug Abuse Division a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such prevention or treatment programs or projects.

All of the other required assurances as described in previous State Plans are being met by this FY 80 Plan.

Appendix I

AFFIDAVIT OF PUBLICATION

STATE OF MONTANA, }
County of Lewis and Clark, } ss.

Shirley Baertsch

Being duly sworn, deposes and says:

That she is the principal clerk of The Independent-Record, a newspaper of general circulation published daily in the City of Helena, in the County of Lewis and Clark, State of Montana, and has charge of the advertisements thereof:

That the Notice

a true copy of which is hereto annexed, was published in said newspaper on the following dates: viz.:

June 29, 1979

making in all 1 publication.

Subscribed and sworn to before me this 29

day of June 1979

NOTARY PUBLIC for the State of Montana
Residing at Helena, Montana

My commission expires August 10, 1979

(NOTARIAL SEAL)

LEGAL NOTICE

The combined 1980 Montana State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation and Drug Abuse Prevention will be available for public review and comment for thirty days following publication of this notice. Copies of this plan may be reviewed at the Administrative Office of the Alcohol & Drug Abuse Division, Department of Institutions, 1539 11th Avenue, Helena, MT phone 449-2827 or at any State-approved alcohol program or drug program office. Individual copies of the Plan are available upon request.

This Plan is for use of monies authorized in federal formula grant funds, Public Laws 92-255, 91-616 and 93-282.

Copies of the Plan will be submitted to the appropriate offices of NIDA and NIAA in Washington, D. C. and throughout office of the Department of HEW, Denver, Colorado for review and approval. Copies will be submitted to appropriate State and local agencies for their review and comment. Interested persons concerned with alcohol abuse and alcoholism and/or drug abuse programming are encouraged to review and comment on the Plan. Written comments should be address to:

FY1980 State Plan
Michael A. Murray,
Administrator
Alcohol & Drug Abuse Division
1539 Eleventh Avenue
Helena, MT 59601

June 29, 1979

AFFIDAVIT OF PUBLICATION

STATE OF MONTANA, }
County of Cascade. } ss.

Barbara A. Uber, being first duly sworn, deposes and says that GREAT FALLS TRIBUNE COMPANY is a corporation duly incorporated under the laws of the State of Montana, that the said GREAT FALLS TRIBUNE COMPANY is the printer and publisher of the GREAT FALLS TRIBUNE, a daily newspaper of general circulation, published and printed in the City of Great Falls, in the County of Cascade, State of Montana, and that the deponent is the principal clerk of said GREAT FALLS TRIBUNE COMPANY, printer of the GREAT FALLS TRIBUNE, and that the advertisement hereto annexed 1980 Montana State Plan

has been correctly published 1 times in the regular and entire issue of said paper on the following dates:

29th	day of	June	19 79
	day of		19
	day of		19
	day of		19
	day of		19
	day of		19

Barbara A. Uber

Subscribed and sworn to this 29th day

of June A. D. 1979

J. M. Anderson

Notary Public for the State of Montana, residing at Great Falls, Montana. My commission expires

NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires December 2, 1980

LEGAL NOTICE

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Copies of the Plan will be submitted to the appropriate offices of NIDA and NIAAA in Washington, D.C. and the Regional office of the Department of H&A, Denver, Colorado, for review and approval. Copies will be submitted to appropriate State and local agencies for their review and comment. Interested persons concerned with alcohol abuse and alcoholism and/or drug abuse programming are encouraged to review and comment on the Plan. Written comments should be addressed to:

1980 State Plan,
MICHAEL A. MURRAY,
Administrator,
Alcohol & Drug Abuse Division,
111 N. Ave.,
Helena, MT 59601.
6-29

FORM 5055-TRIBUNE PRINTING

Proof of Publication

STATE OF MONTANA, }
County of Silver Bow. } ss.

LEGAL NOTICE

The combined 1980 Montana State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation and Drug Abuse Prevention will be available for public review and comment for thirty days following publication of this notice. Copies of this Plan may be reviewed at the Administrative Office of the Alcohol & Drug Abuse Division, Department of Institutions, 1539 11th Ave., Helena, MT phone 442-2827 or at any State-approved alcohol program or drug program office. Individual copies of the Plan are available upon request.

This Plan is for use of monies authorized in federal formula grant funds, Public Laws 92-255, 91-616 and 93-282.

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FY1980 State Plan
Michael A. Murray
Administrator
Alcohol & Drug Abuse Division
1539 11th Ave.
Helena, MT 59601

July 2

Nadine Richard

being first duly sworn, on oath deposes and says: That she is the principal clerk of The Montana Standard, Division of Lee Newspapers, Inc., printer and publisher of "The Montana Standard", a daily newspaper of general circulation, printed and published at Butte, in the County of Silver Bow, State of Montana; that the notice of which a copy is hereto attached was first

published in said newspaper in its issue dated the 2nd day of

July, 1979, and was published in said

newspaper in its issues of

the last publication thereof being in the issue of said newspaper dated the

2nd day of July, 1979.

Nadine Richard

Subscribed and sworn to before me this 3rd

day of July, 1979.

Notary Public for the State of Montana.

Residing at Butte, Montana

My Commission expires May 1, 1982

CERTIFICATION OF PUBLICATION

THIS FORM MUST BE EXECUTED IN DUPLICATE

I hereby certify that I have read Sec. 82-1149 to 82-1153, as amended (1965) inclusive, Revised Codes of Montana 1947 and subsequent revisions, and declare that the price or rate charged the State of Montana for the publication for which claim is made in the attached papers in the amount of \$ 10.80 is not in excess of the minimum rate charged any other advertiser for publication or advertisement.

I further certify that this claim is correct and just in all respects, and that payment or credit has not been received.

DATE July 3, 1979 PAYEE Billings Gazette
Corporation or Company

By Sally Neumiller TITLE Legal Clerk
Signature

(Above certification need not be verified by affidavit)

LEGAL NOTICE

The combined 1980 Montana State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation and Drug Abuse Prevention will be available for public review and comment for thirty days following publication of this notice. Copies of this Plan may be reviewed at the Administrative Office of the Alcohol & Drug Abuse Division, Department of Institutions, 1539 11th Ave., Helena, MT phone 469-2827 or at any State-approved alcohol program or drug program office. Individual copies of the Plan are available upon request.

This plan is for use of monies authorized in federal formula grant funds, Public Laws 92-255, 91-613 and 93-292.

Copies of the Plan will be submitted to the appropriate office of NIDA and NIAAA in Washington, D.C. and the Regional office of the Department of Health, Denver, Colorado for review and approval. Copies will be submitted to appropriate the State and local agencies for their review and comment. Interested persons concerned with alcohol abuse and alcoholism and/or drug abuse programming are encouraged to review and comment on the Plan. Written comments should be addressed to:

FY1980 State Plan
Michael A. Murray,
Administrator
Alcohol & Drug Abuse Division
1539 11th Ave.
Helena, MT 59601

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